

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N33945

1. Entity Name

LAKE WALES LEGION CLUB, INC.

FILED
Jan 14, 2000 8:00 am
Secretary of State

01-14-2000 90008 046 ****61.25

Principal Place of Business

43 WEST PARK AVENUE
P.O. BOX 668
LAKE WALES FL 33859-0668

Mailing Address

43 WEST PARK AVENUE
P.O. BOX 668
LAKE WALES FL 33859-0668

2. Principal Place of Business

3. Mailing Address

PO Box 668

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
LK WALES FL

Zip

Country

Zip
33859

Country

USA

4. FEI Number 59-6200701
50-8200701

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BIGGS, HUBBARD
241 VOLUSIA DR
WINTER HAVEN FL 33884

7. Name and Address of New Registered Agent

Name B.L. BUD MILLER

Street Address (P.O. Box Number is Not Acceptable)
2 EASY ST

City LK WALES FL Zip Code 33853

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE *B.L. Bud Miller*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/6/00
DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CAIN, GEORGE R.	
STREET ADDRESS	106 ALVINA AVE.	
CITY-ST-ZIP	LAKE WALES FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BIGGS, HUBBARD K	
STREET ADDRESS	241 VOLUSIA DR.	
CITY-ST-ZIP	WINTER HAVEN FL 33884	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PILLSBURY, ROBERT E	
STREET ADDRESS	1184 YARNELL AVE.	
CITY-ST-ZIP	LAKE WALES FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	JOHNSON, WILLIAM	
STREET ADDRESS	219 E CENTRAL AVE	
CITY-ST-ZIP	LAKE WALES FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ELLIS, J.C.	
STREET ADDRESS	727 CARLTON AVENUE	
CITY-ST-ZIP	LAKE WALES FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CALDWELL, O. O	
STREET ADDRESS	1000 HICKORY HAMMOCK ROAD	
CITY-ST-ZIP	LAKE WALES FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	COMMANDER D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	B.L. BUD MILLER	
STREET ADDRESS	2 EASY ST	
CITY-ST-ZIP	LAKE WALES FL 33853	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILBUR SHEPPER	
STREET ADDRESS	17379 SR 60E	
CITY-ST-ZIP	LAKE WALES FL 33853	
TITLE	DIST VICE COMMANDER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BURL THOMAS	
STREET ADDRESS	1311 MORNINGSIDE DR	
CITY-ST-ZIP	LAKE WALES FL 33853	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	IRA ANDERSON	
STREET ADDRESS	1193 S. LAKESHORE BLVD	
CITY-ST-ZIP	LAKE WALES FL 33853	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *B.L. Bud Miller*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/00 863-638-1320
Date Daytime Phone #

CR2E037 (9/99)