

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2001 8:00 am
Secretary of State

02-13-2001 90007 033 ****61.25

DOCUMENT # N33945

1. Entity Name

LAKE WALES LEGION CLUB, INC.

Principal Place of Business

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

Mailing Address

P.O. BOX 668
LAKE WALES FL 33859-0668

2. Principal Place of Business

38 W. ORANGE AVE

3. Mailing Address

P.O. BOX 668

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LAKE WALES FL

City & State

LAKE WALES, FL.

Zip

33853

Country

USA

Zip

33859

Country

USA

4. FEI Number

59-6200701

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MILLER, B.L. BUD
2 EASY ST
LAKE WALES FL 33853

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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, Director

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/7/01

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** ☐ Delete
NAME **MILLER, B.L. BUD**
STREET ADDRESS **2 EASY ST**
CITY-ST-ZIP **LAKE WALES FL 33853**

TITLE **D** ☒ Delete
NAME **BIGGS, HUBBARD K**
STREET ADDRESS **241 VOLUSIA DR.**
CITY-ST-ZIP **WINTER HAVEN FL 33884**

TITLE **D** ☐ Delete
NAME **SHEFFER, WILBUR**
STREET ADDRESS **17379 SR 60 E**
CITY-ST-ZIP **LAKE WALES FL**

TITLE **D** ☒ Delete
NAME **THOMAS, BURL**
STREET ADDRESS **1311 MORNINGSID DR**
CITY-ST-ZIP **LAKE WALES FL 33853**

TITLE **D** ☐ Delete
NAME **ANDERSON, IRA**
STREET ADDRESS **1193 S. LAKESHORE DR**
CITY-ST-ZIP **LAKE WALES FL 33853**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Change ☒ Addition
NAME **GARY M. WIESING**
STREET ADDRESS **401 SUNSHINE DRIVE**
CITY-ST-ZIP **LAKE WALES, FL 33853**

TITLE **D** ☐ Change ☒ Addition
NAME **IRA A. ANDERSON**
STREET ADDRESS **1193 S. LAKESHORE DR.**
CITY-ST-ZIP **LAKE WALES, FL 33853**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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, Director**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/01

Date

Daytime Phone #

863-878-0597

CR2E037 (10/00)