

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N37152

1. Entity Name

ERNEST M. SCHULTZ, III, POST NO. 351 OF THE AMER

**FILED**  
**Feb 22, 2000 8:00 am**  
**Secretary of State**

02-22-2000 90023 040 \*\*\*\*61.25

Principal Place of Business

Mailing Address

C/O RICHARD D CAMPBELL  
4800 PALM BEACH BLVD  
FT MYERS FL 33905  
US

C/O RICHARD D CAMPBELL  
4800 PALM BEACH BLVD  
FT MYERS FL 33905-3262  
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0178748

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DOTY, DAVE  
2213 RANDOLPH DR  
FT MYERS FL 33905

Name

RICHARD D CAMPBELL

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

4800 PALM BEACH BLVD

City

FORT MYERS

FL

Zip Code

33905

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: *Richard D Campbell*  
Signature, typed or printed name of registered agent and title if applicable.

CMDR.

RICHARD CAMPBELL

DATE

2-16-00

**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**

OFFICERS AND DIRECTORS

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

VD OWEN, ROBERT 4800 PALM BEACH BLVD FT. MYERS FL 33905	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Richard D Campbell 4800 Palm Beach Blvd Fort Myers Fl 33905	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
D ST JEAN, PHIL 4800 PALM BEACH BLVD FT MEYRS FL 33905	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD John Ebling 4800 Palm Beach Blvd Fort Myers Fl 33905	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
PD TOM MARINELL 4800 PALM BEACH BLVD FT MYERS FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Mervin Smith 4800 Palm Beach Blvd Fort Myers Fl 33905	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TD MARTIN, ROBERT 11591 ORANGE RIVER BLVD. FORT MYERS FL 33905	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Joe Fealey 4800 Palm Beach Blvd Fort Myers Fl 33905	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
SD BENNETT, LARRY 1437 BYRON RD FT MYERS FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Richard D Campbell* **REQUIRED** Richard Campbell, 2-16-00 941-693-0351  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)