

**2001 UNIFORM BUSINESS REPORT (UBR)**

2/1

**FILED**  
**Mar 13, 2001 8:00 am**  
**Secretary of State**

02-19-2001 90271 048 \*\*\*\*61.25

**DOCUMENT # N37152**

1. Entity Name

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

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

*4800 Palm Beach Blvd*

3. Mailing Address

*4800 Palm Beach Blvd*

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

*Ft Myers FL*

City & State

*Ft Myers FL*

4. FEI Number

**65-0178748**

Applied For

Not Applicable

Zip

*33905*

Country

*Lee*

Zip

*33905*

Country

*Lee*

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

CAMPBELL, RICHARD D  
 4800 PALM BEACH BLVD  
 FT MYERS FL 33905

7. Name and Address of New Registered Agent

Name: *Mervin E. Smith*  
 Street Address (P.O. Box Number is Not Acceptable): *4800 Palm Beach Blvd*  
 City: *Ft Myers* FL Zip Code: *33905*

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: *Mervin E. Smith commander* *Mervin E. Smith* *1-12-2001*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when relinquishing) 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	CAMPBELL, RICHARD D	
STREET ADDRESS	4800 PALM BEACH BLVD	
CITY-ST-ZIP	FT. MYERS FL 33905	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	EBLING, JOHN	
STREET ADDRESS	4800 PALM BEACH BLVD	
CITY-ST-ZIP	FT MEYRS FL 33905	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	SMITH, MERVIN	
STREET ADDRESS	4800 PALM BEACH BLVD	
CITY-ST-ZIP	FT MYERS FL	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	FEALEY, JOE	
STREET ADDRESS	4800 PALM BEACH BLVD	
CITY-ST-ZIP	FORT MYERS FL 33905	
TITLE		<input checked="" type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<i>DP</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Mervin E. Smith</i>	
STREET ADDRESS	<i>4800 Palm Beach Blvd.</i>	
CITY-ST-ZIP	<i>Ft Myers FL 33905</i>	
TITLE	<i>DB</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Bob Owen</i>	
STREET ADDRESS	<i>4800 Palm Beach Blvd.</i>	
CITY-ST-ZIP	<i>Ft. Myers FL 33905</i>	
TITLE	<i>DS</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Tom Marinell</i>	
STREET ADDRESS	<i>4800 Palm Beach Blvd.</i>	
CITY-ST-ZIP	<i>Ft Myers FL 33905</i>	
TITLE	<i>T</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Phil St Jean</i>	
STREET ADDRESS	<i>4800 Palm Beach Blvd.</i>	
CITY-ST-ZIP	<i>Ft Myers FL 33905</i>	
TITLE	<i>T</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>Mervin E. Smith</i>	
STREET ADDRESS	<i>4800 Palm Beach Blvd.</i>	
CITY-ST-ZIP	<i>Ft. Myers FL 33905</i>	
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: *Mervin E. Smith* **SIGNATURE REQUIRED** *1-12-2001* *941-693-0351*  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (10/00)