

2002 UNIFORM BUSINESS REPORT (UBR)

2/5

FILED
May 21, 2002 8:00 am
Secretary of State

02-05-2002 90036 016 \*\*\*\*61.25

DOCUMENT # N37152

1. Entity Name

ERNEST M. SCHULTZ, III, POST NO. 351 OF THE AMERICAN LEGION, DEPARTMENT OF FLORIDA, INC.

Principal Place of Business: 4800 PALM BEACH BLVD FT MYERS FL 33905 US
Mailing Address: 4800 PALM BEACH BLVD FT MYERS FL 33905 US

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number 65-0178748 Applied For Not Applicable

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

SMITH, MERVIN E
4800 PALM BEACH BLVD
FT MYERS FL 33905

Name: Luther Cox
Street Address: 4800 Palm Beach Blvd
Fort Myers, Fl. 33905
City: Fort 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: Luther Cox
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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

DPT SMITH, MERVIN
4800 PALM BEACH BLVD
FT. MYERS FL 33905

DP Luther Cox
4800 Palm Beach Blvd
Fort Myers Fl. 33905

DV OWEN, BOB
4800 PALM BEACH BLVD
FT MEYRS FL 33905

DT Richard D Campbell
4800 Palm Beach Blvd
Fort Myers Fl. 33905

US MARINELL, TOM
4800 PALM BEACH BLVD
FORT MYERS FL 33905

TC ST JEAN, PHIL
4800 PALM BEACH BLVD
FORT MYERS FL 33905

Empty officer/director entry

Empty officer/director entry

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: Richard D Campbell Finance Officer 1-18-02 941-693-0351
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CFR2037 (9/01)