

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 (P.O. Box Number is Not Acceptable)

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**DPT
 SMITH, MERVIN
 4800 PALM BEACH BLVD
 FT. MYERS FL 33905** ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**DV
 OWEN, BOB
 4800 PALM BEACH BLVD
 FT MEYRS FL 33905** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**US
 MARINELL, TOM
 4800 PALM BEACH BLVD
 FORT MYERS FL 33905** ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**TC
 ST JEAN, PHIL
 4800 PALM BEACH BLVD
 FORT MYERS FL 33905** ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**DP
 Luther Cox
 4800 Palm Beach Blvd
 Fort Myers Fl. 33905** ☒ Change ☐ Addition

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**DT
 Richard D Campbell
 4800 Palm Beach Blvd
 Fort Myers Fl. 33905** ☒ Change ☐ Addition

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

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

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

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 #

CR2E037 (9/01)