


**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 13, 2003 8:00 am**  
**Secretary of State**

02-13-2003 90226 022 \*\*\*\*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      Mailing Address


**4800 PALM BEACH BLVD  
FT MYERS FL 33905  
US**      **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



CHECK HERE IF MAKING CHANGES

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**

**COX, LUTHER  
4800 PALM BEACH BLVD  
FT MYERS FL 33905**

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.      (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**      9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees      **Make Check Payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	COX, LUTHER	
STREET ADDRESS	4800 PALM BEACH BLVD	
CITY-ST-ZIP	FT. MYERS FL 33905	
TITLE	DV	<input type="checkbox"/> Delete
NAME	OWEN, BOB	
STREET ADDRESS	4800 PALM BEACH BLVD	
CITY-ST-ZIP	FT MEYRS FL 33905	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	CAMPBELL, RICHARD D	
STREET ADDRESS	4800 PALM BEACH BLVD	
CITY-ST-ZIP	FORT MYERS FL 33905	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	DP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Nancy Pegg	
STREET ADDRESS	4800 Palm Beach Blvd.	
CITY-ST-ZIP	Fort Myers FL. 33905	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Charles Hopkins	
STREET ADDRESS	4800 Palm Beach Blvd.	
CITY-ST-ZIP	Fort Myers, Fl. 33905	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: *Charles Hopkins*      Finance *Charles Hopkins*  
Signature and typed or printed name of signing officer or director      Date *2-11-03*      Daytime Phone # *693-0351*

CR2E037 (10/02)