

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N38536

1. Entity Name

JACK IVY DETACHMENT #666, INCORPORATED, OF THE MARINE CORPS LEAGUE

Principal Place of Business

Mailing Address

P O BOX 9091
PORT ST LUCIE FL 34985
US

P O BOX 9091
PORT ST LUCIE FL 34985
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

59-3024064

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

GIUSTI, ROBERT T
1241 S W SUDDER AVENUE
PORT ST. LUCIE FL 34983

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.

SIGNATURE

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MAURIO, WARREN
531 HIAWATHA SW
PORT SAINT LUCIE FL 34953 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D DANIEL DEPAGNIER
1191 S.W. CURTIS ST
PORT ST. LUCIE, FL. 34983 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
YEMM, FRANK
7303 BANYON STREET
FORT PIERCE FL 34951-2162 ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DE
BENEDICT, ROBERT
137 N E TUNICEN AVENUE
PORT. ST. LUCIE FL 34953 ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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☐ 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:

ROBERT W. BENEDICT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 09, 2002 8:00 am
Secretary of State

04-09-2002 90009 004 ****61.25



DO NOT WRITE IN THIS SPACE

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CR2E037 (9/01)

561 879-6753
APR 1 2002