

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 05, 2001 8:00 am  
Secretary of State

04-05-2001 90088 021 \*\*\*\*70.00

DOCUMENT # N44075

1. Entity Name

ARTHUR SAWYER POST NO. 28, THE AMERICAN LEGION,

Principal Place of Business

5610 W. COLLEGE RD.  
KEY WEST FL 33040

Mailing Address

5610 W. COLLEGE RD.  
KEY WEST FL 33040

2. Principal Place of Business

5610 W College Rd  
Suite, Apt. #, etc.

3. Mailing Address

5610 W College Rd  
Suite, Apt. #, etc.

City & State

Key West FLA

City & State

Key West FLA

4. FEI Number

59-6200885

Applied For

Not Applicable

Zip

33040

Country

U.S.A

Zip

33040

Country

U.S.A

5. Certificate of Status Desired ☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

FRUTH, MELVIN  
415 CACTUS DR  
KEY WEST FL 33040

7. Name and Address of New Registered Agent

Name FRUTH melvin

Street Address (P.O. Box Number is Not Acceptable)  
3312 Northside DR # 409

City Key West

FL

Zip Code  
33040

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 MELVIN FRUTH

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3-2-01

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	D WELL, LEE 5610 COLLEGE RD KEY WEST FL 33040	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FERNANDEZ, JOSE 1624 JOSEPHINE ST KEY WEST FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SORACCO, SCOTT 5610 COLLEGE RD KEY WEST FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP JIMENEZ, MANUEL 905 17TH ST KEY WEST FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DROLET, EMERY 1122 WATSON ST KEY WEST FL 33040	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP SMITH, DOUGLAS 5 ED SWIFT RD KEY WEST FL 33040	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-2-01

305-2947117

Date

Daytime Phone #

CR2E037 (10/00)