

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N44075

1. Entity Name

ARTHUR SAWYER POST NO. 28, THE AMERICAN LEGION,  
INCORPORATED

Principal Place of Business

Mailing Address

5610 W. COLLEGE RD.  
KEY WEST FL 33040

5610 W. COLLEGE RD.  
KEY WEST FL 33040

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

59-6200885

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

FRUTH, MELVIN  
3312 NORTHSIDE DR #409  
KEY WEST FL 33040

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 D ☒ Delete  
NAME WELL, LEE  
STREET ADDRESS 5610 COLLEGE RD  
CITY-ST-ZIP KEY WEST FL 33040

TITLE D ☒ Change ☐ Addition  
NAME RAY, ELLER  
STREET ADDRESS 5610 COLLEGE RD  
CITY-ST-ZIP KEY WEST, FL. 33040

TITLE P ☒ Delete  
NAME SMIAVOWSKI, J J  
STREET ADDRESS 3700 N ROOSEVELT BLVD  
CITY-ST-ZIP KEY WEST FL 33040

TITLE P ☒ Change ☐ Addition  
NAME Leonard M ANDYCZ  
STREET ADDRESS 5610 College Rd  
CITY-ST-ZIP Key West FL 33040

TITLE D ☐ Delete  
NAME SORACCO, SCOTT  
STREET ADDRESS 5610 COLLEGE RD  
CITY-ST-ZIP KEY WEST FL

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

TITLE CP ☒ Delete  
NAME JIMENEZ, MANUEL  
STREET ADDRESS 905 17TH ST  
CITY-ST-ZIP KEY WEST FL

TITLE CP ☒ Change ☐ Addition  
NAME William LE Compe  
STREET ADDRESS 3612 Eagle Ave  
CITY-ST-ZIP Key West FL 33040

TITLE D ☐ Delete  
NAME DROLET, EMERY  
STREET ADDRESS 1122 WATSON ST  
CITY-ST-ZIP KEY WEST FL 33040

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

TITLE CP ☐ Delete  
NAME SMITH, DOUGLAS  
STREET ADDRESS 5 ED SWIFT RD  
CITY-ST-ZIP KEY WEST FL 33040

TITLE ☐ Change ☐ 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: REINSTATEMENT REQUIRED

7/14/02 2947117

CR2E037 (9/01)