

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

FILED
Jul 23, 2003 8:00 am
Secretary of State

07-23-2003 90060 011 *****70.00

0013184

DOCUMENT # N45113

1. Entity Name

AMERICAN LEGION GATEWAY POST #357, INC.



Principal Place of Business

**PO BOX 55385
ST PETERSBURG FL 33732**

Mailing Address

**PO BOX 55385
ST PETERSBURG FL 33732**

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 **59-3046518**

Applied For

Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**MACKING, HAROLD D
2531 5TH ST N
SAINT PETERSBURG FL 33704**

7. Name and Address of New Registered Agent

Name **Scherer, Robert D.**
Street Address (P.O. Box Number is Not Acceptable)
2001 83rd Ave. N. #1019
City **Saint Petersburg** FL Zip Code **33702**

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

Robert D. Scherer
(NOTE: Registered Agent signature required when reinstating)

7/15/03
DATE

**FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	WILIAM, GUNTHER	
STREET ADDRESS	1766 MONTANNA AVE N.E.	
CITY-ST-ZIP	SAINT PETERSBURG FL 33703	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ROBINSON, FRED	
STREET ADDRESS	2001 - 83RD AVE NORTH #5041	
CITY-ST-ZIP	SAINT PETERSBURG FL 33702	
TITLE	D	<input type="checkbox"/> Delete
NAME	BOOKER, MATTHEW DR	
STREET ADDRESS	3245 49TH AVE N	
CITY-ST-ZIP	SAINT PETERSBURG FL 33714	
TITLE	D	<input type="checkbox"/> Delete
NAME	WEST, WILLIAM R	
STREET ADDRESS	812 ATWOOD AVE N	
CITY-ST-ZIP	SAINT PETERSBURG FL 33702	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MACKING, HAROLD D	
STREET ADDRESS	2531 5TH ST N	
CITY-ST-ZIP	SAINT PETERSBURG FL 33704	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCHERER, ROBERT D	
STREET ADDRESS	2001 83RD AVE N	
CITY-ST-ZIP	SAINT PETERSBURG FL 33702	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ERRETT, WALT	
STREET ADDRESS	4401 16th ST N	
CITY-ST-ZIP	SAINT PETERSBURG FL 33703	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ENGLER, AL	
STREET ADDRESS	5824 16th LANE NE	
CITY-ST-ZIP	SAINT PETERSBURG FL 33703	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2001 83rd Ave N #1019	
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 another like empowered.

SIGNATURE: Robert D. Scherer 7/15/03 727-798-3200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (4/03)