

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N45382

1. Entity Name

WOODWORTH-WEBB AMERICAN LEGION UNIT 293, INC.

Principal Place of Business

AMERICAN LEGION POST 293  
RT 315 SO  
INTERLACHEN FL 32148  
US

Mailing Address

POST OFFICE BOX 592  
INTERLACHEN FL 32148-0592

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

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

FIORUCCI, SHIRLEY M  
611 UNION AVENUE  
INTERLACHEN FL 32148

7. Name and Address of New Registered Agent

Name

Virginia E. Freemer

Street Address (P.O. Box Number is Not Acceptable)

116 BEAVEN ST

City

Interlachen

FL

Zip Code

32148

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

Virginia E. Freemer Pres.

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

After September 12, 2001, min. will be \$236.25

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 D PASCIAK, ROSE ☒ Delete  
STREET ADDRESS 107 SHADY OAK CT  
CITY-ST-ZIP INTERLACHEN FL 32148

TITLE NAME D SIEDLECKI, NORMA ☒ Delete  
STREET ADDRESS 211 ASH ST  
CITY-ST-ZIP HOLLISTER FL

TITLE NAME D FIORUCCI, SHIRLEY M ☒ Delete  
STREET ADDRESS 611 UNION AVENUE  
CITY-ST-ZIP INTERLACHEN FL 32148

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME Virginia Freemer ☒ Change ☐ Addition  
STREET ADDRESS 116 BEAVEN ST President  
CITY-ST-ZIP Interlachen FL 32148

TITLE NAME Treasurer ☒ Change ☐ Addition  
STREET ADDRESS E. RAE RALASKY  
CITY-ST-ZIP P.O. Box 539 Orange Springs FL 32182

TITLE NAME Sgt At Arms ☒ Change ☐ Addition  
STREET ADDRESS Patsy Templeton  
CITY-ST-ZIP P.O. Box 152 Orange Springs FL 32182

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

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

TITLE NAME ☐ Change ☐ Addition  
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:

Signature of Registered Agent

7-23-01 5461275

FILED  
Jul 31, 2001 8:00 am  
Secretary of State

07-31-2001 90011 041 \*\*\*\*61.25

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DO NOT WRITE IN THIS SPACE

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