

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90123 033 ****61.25

DOCUMENT # N94000001850

1. Entity Name

JAMES A. LUCKY MEMORIAL POST NO. 2032 VETERANS

Principal Place of Business

Mailing Address

310 COWBOY WAY
LA BELLE FL 33935
US

310 COWBOY WAY
LA BELLE FL 33935
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

65-0380992

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

Name

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

City

FL

Zip Code

ARMSTRONG, EUGENE
310 GERDEN DR.
LABELLE FL 33935

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

Eugene Armstrong

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	AM	<input type="checkbox"/> Delete
NAME	CLEMONS, CHARLE R	
STREET ADDRESS	1220 S. MAIN STREET	
CITY-ST-ZIP	LA BELLE FL 32935	
TITLE	QM	<input type="checkbox"/> Delete
NAME	JOHNSON, CHARLES E	
STREET ADDRESS	34060 S. EDGEWATER	
CITY-ST-ZIP	LA BELLE FL 33935	
TITLE	C	<input type="checkbox"/> Delete
NAME	ARMSTRONG, EUGENE	
STREET ADDRESS	13226 2ND ST., S.E.	
CITY-ST-ZIP	LA BELLE FL 33903	
TITLE	T	<input type="checkbox"/> Delete
NAME	PILE, LEO J	
STREET ADDRESS	H.C.3 BOX 964H, CASE ROAD	
CITY-ST-ZIP	LA BELLE FL 33935	
TITLE	T	<input type="checkbox"/> Delete
NAME	THERRIEN, CALVIN	
STREET ADDRESS	P.O. BOX 447, N/A	
CITY-ST-ZIP	LA BELLE FL 33975	
TITLE	T	<input type="checkbox"/> Delete
NAME	PILE, LEO	
STREET ADDRESS	310 GARDEN DR.	
CITY-ST-ZIP	LA BELLE FL 33935	

TITLE	Senior Vice Cmdr.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add
NAME	Aloice Bishop	
STREET ADDRESS	310 Cowboy Way	
CITY-ST-ZIP	LaBelle, FL 33935	
TITLE	Junior Vice Cmdr.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add
NAME	Donald Clifford	
STREET ADDRESS	310 Cowboy Way	
CITY-ST-ZIP	LaBelle, FL 33935	
TITLE	Quarter Master	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add
NAME	Charles R. Clemons	
STREET ADDRESS	310 Cowboy Way	
CITY-ST-ZIP	LaBelle, FL 33935	
TITLE	Trustee	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Leo J. Pyle	
STREET ADDRESS	310 Cowboy Way	
CITY-ST-ZIP	LaBelle, FL 33935	
TITLE	Trustee	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	William Wagoner	
STREET ADDRESS	310 Cowboy Way	
CITY-ST-ZIP	LaBelle, FL 33935	
TITLE	William Wagoner Trustee	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	William Carter	
STREET ADDRESS	310 Cowboy Way	
CITY-ST-ZIP	LaBelle, FL 33935	

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:

Charles R. Clemons Charles R. Clemons 21-01-00 863-675-451

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #