

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000001850

1. Entity Name

JAMES A. LUCKEY MEMORIAL POST NO. 2032 VETERANS

FILED

Jan 27, 2001 8:00 am
Secretary of State

01-27-2001 90071 032 ****61.25

Principal Place of Business

310 COWBOY WAY
LA BELLE FL 33935
US

Mailing Address

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

ARMSTRONG, EUGENE
310 GERDEN DR.
LABELLE FL 33935

Name Leo J Pyle
Street Address (P.O. Box Number is Not Acceptable) 310 Cowboy Way
City 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

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 NAME STREET ADDRESS CITY-ST-ZIP	SVC BISHOP, ALOICE 310 COWBOY WAY LABELLE FL 33935	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JVC CLIFFORD, DONALD 310 COWBOY WAY LABELLE FL 33935	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	QM CLEMONS, CHARLES R 310 COWBOY WAY LABELLE FL 33935	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PYLE, LEO J 310 COWBOY WAY LABELLE FL 33935	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WAGNON, MILLERD 310 COWBOY WAY LABELLE FL 33935	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CARTER, WILLIAM 310 COWBOY WAY LABELLE FL 33935	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVC CLIFFORD, DONALD 310 Cowboy Way LaBelle, FL. 33935	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JVC Guy, William 310 Cowboy Way, LaBelle, FL. 33935	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Same	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Trustee Phifer, Edward 310 Cowboy Way LaBelle, FL. 33935	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Trustee Same	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Trustee Armstrong, Eugene 310 Cowboy Way LaBelle FL. 33935	<input checked="" 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: Charles R. Clemons
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 1/27/01 Daytime Phone # 863-675-4555

CR2E037 (10/00)