

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

May 28, 2002 8:00 am
Secretary of State

05-28-2002 91612 028 ****61.25

DOCUMENT # N94000001850

1. Entity Name

JAMES A. LUCKEY MEMORIAL POST NO. 2032 VETERANS
OF FOREIGN WARS OF THE UNITED STATES, INC.

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PYLE, LEO J
570 COWBOY WAY
LABELLE FL 33935

Name
CHARLES CLEMONS

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

1220 S. MAIN ST

City
LABELLE

FL

Zip Code

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 ALOICE G BISHOP

A.M. Aloice G Bishop

1 May 02

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 SVC
NAME CLIFFORD, DONALD ☐ Delete
STREET ADDRESS 310 COWBOY WAY
CITY-ST-ZIP LABELLE FL 33935

TITLE SVC ☐ Change ☐ Addition
NAME CLIFFORD, DONALD
STREET ADDRESS 2902 SURRESIDE BL
CITY-ST-ZIP CHAPE CORAL 33914

TITLE JVC ☐ Delete
NAME CLIFFORD, DONALD
STREET ADDRESS 310 COWBOY WAY
CITY-ST-ZIP LABELLE FL 33935

TITLE SVC ☐ Change ☐ Addition
NAME 84X WILLIAM
STREET ADDRESS 750 CASE RD
CITY-ST-ZIP LABELLE, FLA 33935

TITLE QM ☐ Delete
NAME CLEMONS, CHARLES R
STREET ADDRESS 310 COWBOY WAY
CITY-ST-ZIP LABELLE FL 33935

TITLE QM ☐ Change ☐ Addition
NAME BISHOP ALOICE
STREET ADDRESS 2397 RD. BOX
CITY-ST-ZIP CLEWISTON FLA 33440

TITLE T ☐ Delete
NAME PHIEFER, EDWARD
STREET ADDRESS 310 COWBOY WAY
CITY-ST-ZIP LABELLE FL 33935

TITLE T ☐ Change ☐ Addition
NAME BROADSTREET JESSE
STREET ADDRESS P.O. BOX 243
CITY-ST-ZIP PALMDALE FL 33440

TITLE T ☐ Delete
NAME WAGNON, MILLERD
STREET ADDRESS 310 COWBOY WAY
CITY-ST-ZIP LABELLE FL 33935

TITLE T ☐ Change ☐ Addition
NAME WAGNON, MILLERD
STREET ADDRESS 2230 WAYLIFE CT
CITY-ST-ZIP ALVA, FL 33920

TITLE T ☐ Delete
NAME ARMSTRONG, EUGENE
STREET ADDRESS 310 COWBOY WAY
CITY-ST-ZIP LABELLE FL 33935

TITLE T ☐ Change ☐ Addition
NAME ARMSTRONG, EUGENE
STREET ADDRESS 13226 2ND ST S.E.
CITY-ST-ZIP FORT MYERS, FL 33905

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.

P63 9F3 5357

SIGNATURE: ALOICE G BISHOP

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)