

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

FILED
Jan 08, 2003 8:00 am
Secretary of State

01-08-2003 90139 034 ***61.25

DOCUMENT # N96000005963

1. Entity Name

**LANTANA MEMORIAL POST 269 INC. A.L.D. FL. AMERIC
AN LEGION DEPT. OF FLORIDA**



Principal Place of Business

**418 S. DIXIE HWY
LANTANA RECREATIONAL BLDG
LANTANA FL 33462
US**

Mailing Address

**P.O. BOX 3434
LANTANA FL 33462
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 **NOT APPLICABLE**

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

**CASTELLANO, PAT C
PO BOX 3434
418 S DIXIE
LANTANA FL 33462**

Name

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

City

FL

Zip Code

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

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	CD	<input type="checkbox"/> Delete
NAME	CASTELLANO, PAT C	
STREET ADDRESS	5631 S 38TH CT	
CITY-ST-ZIP	GREENACRES FL 33463	
TITLE	T	<input type="checkbox"/> Delete
NAME	IZZARONE, CARMEN	
STREET ADDRESS	129 LAKE PINE CR., APT. B-1	
CITY-ST-ZIP	LAKE-WORTH-FL	
TITLE	TEC	<input type="checkbox"/> Delete
NAME	KNAPP, ROBERT H	
STREET ADDRESS	LANTANA CASCADES	
CITY-ST-ZIP	LANTANA FL 33462	
TITLE	T	<input type="checkbox"/> Delete
NAME	LEMIAR, RICHARD	
STREET ADDRESS	4652 SUMMIT BLVD	
CITY-ST-ZIP	WEST PALM BEACH FL 33415	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Izzarone, Carmen	
STREET ADDRESS	439 Griswold Drive	
CITY-ST-ZIP	Lake Worth, 33460 Florida	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lemire, Richard D	
STREET ADDRESS	8576 Baron Drive	
CITY-ST-ZIP	Boynton Beach, FL 33436-7503	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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:

PAT C CASTELLANO
PAT. C. CASTELLANO

(561) 965-7199

CR2E037 (10/02)