

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2001 8:00 am
Secretary of State

04-10-2001 90039 028 *****61.25

0012948

DOCUMENT # N980CQ002027

1. Entity Name

MANDARIN AMERICAN LEGION POST 372, INC.

Principal Place of Business

**4517 CROSSTIE RD. NORTH
 JACKSONVILLE FL 32257**

Mailing Address

**PO BOX 23411
 JACKSONVILLE FL 32241**

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

59-3375934

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

**CHESSA, WALT
 4517 CROSSTIE RD. NORTH
 JACKSONVILLE FL 32257**

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.

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 **D** ☐ Delete
 NAME **CHESSA, WALT**
 STREET ADDRESS **4517 CROSSTIE RD. NORTH**
 CITY-ST-ZIP **JACKSONVILLE FL 32257**

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

TITLE **D** ☐ Delete
 NAME **SMITH, GARY D**
 STREET ADDRESS **11841 MANDARIN RD.**
 CITY-ST-ZIP **JACKSONVILLE FL 32223**

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

TITLE **D** ☐ Delete
 NAME **PAFIAS, JAMES S**
 STREET ADDRESS **5022 AZURE ST**
 CITY-ST-ZIP **JACKSONVILLE FL 32258**

TITLE ☒ Change ☐ Addition
 NAME **10870 CHESAPEAKE LN W**
 STREET ADDRESS **Jacksonville FL 32257**
 CITY-ST-ZIP

TITLE **D** ☒ Delete
 NAME **HUSTON, RICHARD M**
 STREET ADDRESS **11248 CABOOSE CT.**
 CITY-ST-ZIP **JACKSONVILLE FL 32257**

TITLE **D** ☐ Change ☒ Addition
 NAME **DAVID MACMASTERS**
 STREET ADDRESS **14566 BASILHAM LN**
 CITY-ST-ZIP **Jacksonville FL 32256**

TITLE **D** ☒ Delete
 NAME **MCVEIGH, ROBERT III**
 STREET ADDRESS **4150 CUMBRIAN GARDENS LN**
 CITY-ST-ZIP **JACKSONVILLE FL 32257**

TITLE **D** ☐ Change ☒ Addition
 NAME **LOYD JOHNSON**
 STREET ADDRESS **7808 BLAKEFORD MILL LN**
 CITY-ST-ZIP **Jacksonville, FL 32256**

TITLE **D** ☒ Delete
 NAME **SEIDEL, HAROLD**
 STREET ADDRESS **8336 BASCOM RD.**
 CITY-ST-ZIP **JACKSONVILLE FL 32216**

TITLE **D** ☐ Change ☒ Addition
 NAME **FRANK TORRES**
 STREET ADDRESS **5281 HEATHWOOD GBL TER**
 CITY-ST-ZIP **JACKSONVILLE FL 32257**

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, and all other like empowered.

SIGNATURE:

WALT CHESSA

4-6-01

(904)

260-4927

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)