

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000004412

1. Entity Name

MARINE CORPS LEAGUE E. J. MEDEIROS SR. DET. #950

Principal Place of Business

PO BOX 3160
BELLEVUE FL 34421-3160

Mailing Address

PO BOX 3160
BELLEVUE FL 34421-3160

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

59-3540320

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MAIO, FRANK SR.
10875 SE 90TH CT.
BELLEVUE FL 34420

7. Name and Address of New Registered Agent

Name

RICHARD P. HAGEN, SR.

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

5029 SE 112th ST. RD.

City

BELLEVUE

FL

Zip Code

34420-3828

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 RICHARD P. HAGEN, SR. COMMANDANT

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

TITLE	T	<input type="checkbox"/> Delete
NAME	HAGEN, RICHARD P SR.	
STREET ADDRESS	2685 SE 170TH LANE	
CITY-ST-ZIP	SUMMERFIELD FL 34491	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	LEEK, HARVEY	
STREET ADDRESS	15630 SE 92ND AVE.	
CITY-ST-ZIP	SUMMERFIELD FL 34491	
TITLE	T	<input type="checkbox"/> Delete
NAME	STARKS, JOE	
STREET ADDRESS	11710 SE 142ND LANE	
CITY-ST-ZIP	SUMMERFIELD FL 34491	
TITLE	C	<input checked="" type="checkbox"/> Delete
NAME	MAIO, FRANK	
STREET ADDRESS	10875 S.E. 90TH CT.	
CITY-ST-ZIP	BEILVIERO FL 34420	
TITLE	SUC	<input type="checkbox"/> Delete
NAME	HESS, CHARLES JR.	
STREET ADDRESS	5249 S.E. 106TH LANE	
CITY-ST-ZIP	BELLEVUE FL 34420	
TITLE	JVC	<input type="checkbox"/> Delete
NAME	RECK, ROBERT	
STREET ADDRESS	PO BOX 1036	
CITY-ST-ZIP	OCKLAOHA FL 32123	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	5029 SE 112th ST. RD.	
CITY-ST-ZIP	BELLEVUE, FL 34420-3828	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KENNETH SMITH	
STREET ADDRESS	5251 SE 113th ST.	
CITY-ST-ZIP	BELLEVUE, FL 34420-3933	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TIM MALONEY	
STREET ADDRESS	5033 SE 112th ST. RD	
CITY-ST-ZIP	BELLEVUE, FL 34420-3828	
TITLE	CH	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SAA	<input checked="" 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: RICHARD P. HAGEN, SR. D. Richard P. Hagen - Sr. 5/22/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 31, 2000 8:00 am
Secretary of State

05-31-2000 90101 019 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/9/91)