2000 UNIFORM BUSINESS REPORT (UBR) **FILED** Aug 25, 2000 8:00 am Secretary of State **DOCUMENT # 709130** 1. Entity Name SAFETY HARBOR POST #238 INCORPORATED, THE AMERIC 08-25-2000 90005 026 ****61.25 Principal Place of Business Mailing Address 900 MAIN ST. 900 MAIN ST. P.O.BOX 246 P.O.BOX 246 SAFETY HARBOR FLA 33570-0246 SAFETY HARBOR FLA 33570-0246 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 59-1198384 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired . Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GLAUM eet Address (P.O. Box Number is Not Acceptable) Street Address (F.O. DONNA I'N) PAIRADÉE, ARCHIE R JR. 900 MAIN STREET SAFETY HARBOR FL 34695 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 DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: FEE IS \$61.25 \$5.00 May Be Trust Fund Contribution. Added to Fees **Department of State** After September 13, 2000 min. will be \$236.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. 👿 Delete TITI F ☐ Addition TITLE GEORGE E. GLAUM PAIRADEE, ARCHIE R JR NAME NAME 900 MAIN ST STREET ADDRESS STREET ADDRESS 900 MAIN ST CITY-ST-ZIP CITY-ST-7tP SAFETY HARBOR SAFETY HARBOR FL TITLE ☐ Delete TITLE GREEN, DARLIS NAME NAME STREET ADDRESS 900 MAIN STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SAFETY HARBOR FL' 34695 Addition D ☐ Delete TITLE Change TITLE GODDARD, JACK NAME NAME STREET ADDRESS 900 MAIN ST. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF SAFETY HARBOR FLA 33570-0246 ☐ Change Addition Delete TITLE TITI F HENDERSON, DAVID NAME NAME STREET ADDRESS STREET ADDRESS 900 MAIN ST. CITY-ST-ZIF CITY-ST-ZIP SAFETY HARBOR FL Change 💹 Delete ☐ Addition TITLE THERESA A. GREGORY **BURKE, GEORGE** NAME NAME 900 MAIN ST STREET ADDRESS STREET ADDRESS 900 MAIN ST CITY-ST-ZIF CITY-ST-ZIP SAFETY HARBOR FL 34695 Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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 attachm nt with an address, with all other like empowered.

CITY-ST-7IP

SIGNATURE:

CITY-ST-ZIP

THERESH A. Greg ony