2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 18, 2002 8:00 am
Secretary of State
02-18-2002 90149 036 ****61.25

DOCUMENT # 715407

1. Entity Name

NEWBERRY POST NO. 149, THE AMERICAN LEGION, DEPA RTMENT OF FLORIDA

Principal Place of Business	Mailing Address
26821 W NEWBERRY ROAD NEWBERRY FLA 32669 US	PO BOX 1 NEWBERRY FL 32669 US

DO NOT WRITE IN THIS SPACE

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 59-6200333 ☐ 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
BOZEMAN, S.T. JR. 11018 NEWBERRY RD. GAINESVILLE FL 32606	Name JOHN G NEWTON SR Street Address (P.O. Box Number is Not Acceptable) 1505 FORT CLARKE BLVD 12-102 City GAINESVILLE FL Zip Code 32606

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 JOHN G. NEWTON SR ADJUTANT 1/31/02
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	ST BOZEMAN, S.T. JR. 11018 NEWBERRY RD GAINESVILLE FL 32606	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ADJUTANT JOHN G NEWTON SR 1505 FORT CLARKE BLVD 12-102 GAINESVILLE FL 32606	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MARLOWE, HERBERT A. 25511 SW 30 AVE NEWBERRY FL 32669	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BISHOP, MARION L 3411 NW 170TH ST NEWBERRY FL 32669	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P RAMON, JIM 6609 SE 85TH AVE NEWBERRY FL 32669	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P JIM RAMOS 6609 SE 85TH AVE NEWBERRY, FL 32669	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PHILPOT, HAROLD W. 22426 S.W. 46TH AVENUE NEWBERRY FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V EDWARDS, ROBERT E JR 763SE 83RD CT NEWBERRY FL 32669	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: SIGNATURE READJUTANT JOHN G NEWTON SR 1/31/02 352-331-6942
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (9/01)