1/23/0

## **FILED** Feb 12, 2001 8:00 am Secretary of State

## 2001 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # 716081** 01-23-2001 90133 007 \*\*\*\*61.25 1. Entity Name LEESBURG MEMORIAL POST NO. 52, DEPARTMENT OF FLO Mailing Address Principal Place of Business THE AMERICAN LEGION INC THE AMERICAN LEGION INC 61033 300 N. THERD ST. 300 N. THIRD ST. LEESBURG FL 34748 LEESBURG FL 34748 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For City & State City & State 59 6200815 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired \_\_\_\_\_ ee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HART PENCE DON Street Address (P.O. Box Number is Not Acceptable) TURNBULL, JAMES R 163 BAY ROAD MT. DORA FL 32751 LADY LAKE 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. 10.2001 SIGNATURE Make Check Payable to FILE NOW: 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Department of State FEE IS \$61.25 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. SD. Addition CRZE037 (10/00) TITLE ŚD Delete TITLE TURNBULL, JAMES R. BROOKS, CARL A NAME NAME 163 BAY TROAD STREET ADDRESS STREET ADDRESS 25037 BENTON HILL MOUNT DORA, FL. 32757 CITY-ST-ZIP CITY-ST-ZIP LEESBURG FL 34748 ☐ Addition Delete TITLE **Exthange** TITLE HARTPENCE DON L. TURNBULL, JAMES R NAME NAME 37535 LEGGETT LN. STREET ADDRESS STREET ADDRESS 163 BAY ROAD FL. 32159 LADY LAKE. CITY-ST- ZP CITY-ST-ZIP MOUNT DORA FL 32757 r-D---Defete TITLE - Change --- 🖃 Addition TITLE BURNS, PEGGY-NAME DUNBAR, STEVEN W NAME STREET ADDRESS 1677 ELKHART CIR. TAVARES FL 32778 36000 E SPRING LAKE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FRUITLAND PARK FL 34731 Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-71P

STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 aftadment with an address, with all other like empowered.

TELLE

NAME

TITLE NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

Delete

☐ Change

Change

Addition

☐ Addition