

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2002 8:00 am
Secretary of State

02-03-2002 90014 001 ****61.25

DOCUMENT # 716081

1. Entity Name

**LEESBURG MEMORIAL POST NO. 52, DEPARTMENT OF FLO
 RIDA, THE AMERICAN LEGION,**

Principal Place of Business

Mailing Address

**THE AMERICAN LEGION INC
 300 N. THIRD ST.
 LEESBURG FL 34748**

**THE AMERICAN LEGION INC
 300 N. THIRD ST.
 LEESBURG FL 34748**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-6200815

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

**HARTPENCE, DON L
 37535 LEGGETT LANE
 LADY LAKE FL 32159**

Name

BURNS, PEGGY

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

1677 ELKHART CIR.

City

TAVARES

FL

Zip Code

32778

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

PEGGY BURNS
COMMANDER

Signature, hand or print name of registered agent and title if applicable.

X Peggy A. Burns

(NOTE: Registered Agent signature required when reinstating)

1-12-02

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 **SD** ☒ Delete
 NAME **BROOKS, CARL A**
 STREET ADDRESS **25037 BENTON HILL**
 CITY-ST-ZIP **LEESBURG FL 34748**

TITLE **SD** ☒ Change ☐ Addition
 NAME **WILLIAMS, ALBERT**
 STREET ADDRESS **4538 N.E. 33RD LN.**
 CITY-ST-ZIP **WILDWOOD, FL. 34785**

TITLE **PD** ☒ Delete
 NAME **TURNBULL, JAMES R**
 STREET ADDRESS **163 BAY ROAD**
 CITY-ST-ZIP **MOUNT DORA FL 32767**

TITLE **PD** ☒ Change ☐ Addition
 NAME **BURNS, PEGGY**
 STREET ADDRESS **1677 ELKHART CIR.**
 CITY-ST-ZIP **TAVARES, FL. 32778**

TITLE **TD** ☒ Delete
 NAME **DUNBAR, STEVEN W**
 STREET ADDRESS **36000 E SPRING LAKE**
 CITY-ST-ZIP **FRUITLAND PARK FL 34731**

TITLE **TD** ☒ Change ☐ Addition
 NAME **TURNBULL, JAMES R.**
 STREET ADDRESS **163 BAY ROAD**
 CITY-ST-ZIP **MOUNT DORA, FL. 32757**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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TITLE ☐ Change ☐ 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: **Peggy A. Burns**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-12-02

Date

Daytime Phone #

CR2E037 (9/01)