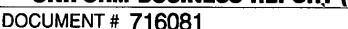
## 2003 NOT-FOR-PROFIT CORPORATION

3. Mailing Address

Suite, Apt. #, etc.

City & State

## **UNIFORM BUSINESS REPORT (UBR)**



03-10-2003 90125 020 \*\*\*\*61.25

Mar 10, 2003 8:00 am Secretary of State

**FILED** 

1. Entity Name

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

₽<sup>Zip</sup>

LEESBURG MEMORIAL POST NO. 52, DEPARTMENT OF FLO RIDA. THE AMERICAN LEGION. Principal Place of Business Mailing Address THE AMERICAN LEGION INC THE AMERICAN LEGION INC 300 N. THIRD ST. 300 N. THIRD ST. LEESBURG FL 34748 LEESBURG FL 34748

6. Name and Address of Current Registered Agent

10035381



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-6200815 Applied For Not Applicable

2

\$8.75 Additional . 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent

BURNS, PEGGY-Street Address (P.O. Box Number is Not Acceptable) 1677 ELKHART CIR. **TAVARES FL 32778** Zip Code

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. I am familiar with, and accept the obligations of registered agent.

Country LAKE

SIGNATURE:

10.

Signature, typed or printed name of registered agent and title if applicable.

OFFICERS AND DIRECTORS

Country

(NOTE: Registered Agent signature required when reinstating)

DATE

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing -Trust Fund Contribution.

11.

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

TITLE ☐ Delete TITI F ☐ Addition WILLIAMS, ALBERT NAME NAME 4538 N.EE. 33RD LN. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WILDWOOD FL 34785 CITY - ST - ZEP ☐ Delete TITLE . ☐ Change ☐ Addition TURNBULL, JAMES R NAME NAME 22.4 163 BAY ROAD STREET ADORESS STREET ADORESS CITY-ST-ZIP **MOUNT DORA FL 32757** CITY-ST-7/P TITLE ☐ De ete TIRE ☐ Change ☐ Addition **BURNS, PEGGY** NAME NAME STREET ADDRESS 1677 ELKHART CIR. STREET ADDRESS City, St. 7IP TAVARES FL 32778 CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-7P CITY-ST-7IP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-71P 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(3Xi). 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 eath; 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:

JAMERIAK UNDAMBULLUIR SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER