

**2000 UNIFORM BUSINESS REPORT (UBR)**

2/2

**FILED**  
**May 02, 2000 8:00 am**  
**Secretary of State**

02-22-2000 90040 038 \*\*\*\*61.25

**DOCUMENT # 771311**

1. Entity Name

**TOWN & COUNTRY MEMORIAL POST 152, THE AMERICAN L**

Principal Place of Business 11211 SHELDON RD TAMPA FL 33626-1708	Mailing Address 11211 SHELDON RD TAMPA FL 33626-4708
--	--



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 <b>59-2422604</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**  
 MEEKER, DICK  
 11211 SHELDON RD  
 TAMPA FL 33626-1708

**7. Name and Address of New Registered Agent**  
 Name: **BULLOCK EBEN BUZZ**  
 Street Address (P.O. Box Number is Not Acceptable): **11211 SHELDON ROAD**  
 City: **TAMPA** FL Zip Code: **33626-1708**

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: *E. Buzz Bullock* (NOTE: Registered Agent signature required when reinstating) DATE: **2-15-2000**

**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**

TITLE: DC NAME: PINNER, GEORGE STREET ADDRESS: 13816 CHERRY BROOK LANE CITY-ST-ZIP: TAMPA FL 33636	<input checked="" type="checkbox"/> Delete
TITLE: D NAME: MEEKER, DICK STREET ADDRESS: 11211 SHELDON RD CITY-ST-ZIP: TAMPA FL	<input checked="" type="checkbox"/> Delete
TITLE: D NAME: LAIR, DEBBIE STREET ADDRESS: 9050 LAKE PLACE LANE CITY-ST-ZIP: TAMPA FL 33635	<input type="checkbox"/> Delete
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE: D NAME: BULLOCK E. BUZZ STREET ADDRESS: 11211 SHELDON ROAD CITY-ST-ZIP: TAMPA FL 33626	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: D LAIR, ROBERT NAME: STREET ADDRESS: 9050 LAKE PLACE LANE CITY-ST-ZIP: TAMPA FL 33635	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: DC NAME: LAIR DEBBIE STREET ADDRESS: 9050 LAKE PLACE LANE CITY-ST-ZIP: TAMPA FL 33635	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 a power of attorney.

SIGNATURE: *E. Buzz Bullock*      **SEAN BUZZ BULLOCK**      2-15-2000 (813) 920-3282  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E037 (9/99)