

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N19166

1. Entity Name

THE WINTER PARK MEMORIAL POST #112 AMERICAN LEGI ✓

FILED

00 AUG -1 AM 7:47

Principal Place of Business

Mailing Address

AMERICAN LEGION POST 112
P O BOX 910
GOLDENROD FL 32733
US

P.O. BOX 910
GOLDENROD FL 32733

7/24/00
SECRETARY OF STATE
FLORIDA \$61.25



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-6136569

Applied For

Not Applicable

Zip

Country

Zip

Country

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

WINTER PARK MEMORIAL PRK 112
4490 N GOLDENROD RD
ROBERT RAINS-COMMANDER
WINTER PARK FL 32792

Name

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

City

FL

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.

SIGNATURE

Robert S. Rains

ROBERT S. RAINS

17 JULY 2000

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
After September 13, 2000 min. will be \$236.25

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 | C | <input type="checkbox"/> Delete |
| NAME | RAINS, ROBERT S | |
| STREET ADDRESS | 130 ARIA CT | |
| CITY-ST-ZIP | WINTER PARK FL 32792 | |
| TITLE | FO | <input type="checkbox"/> Delete |
| NAME | MURPHY, FRANK D | |
| STREET ADDRESS | 1750 WINDSOR DR | |
| CITY-ST-ZIP | WINTER PARK FL 32789 | |
| TITLE | A | <input checked="" type="checkbox"/> Delete |
| NAME | ROBERTS, MARION | |
| STREET ADDRESS | 2354 FLAMINGO WAY | |
| CITY-ST-ZIP | WINTER PARK FL 32792 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | COSTELLO, TED J | |
| STREET ADDRESS | 10302 BROWN WOOD AVE | |
| CITY-ST-ZIP | ORLANDO FL 32825-6628 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | REIGN, DAVID J | |
| STREET ADDRESS | 1058 CHESTER FIELD CIR | |
| CITY-ST-ZIP | WINTER SPRINGS FL 32708 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | GRIFFIN, WALTER | |
| STREET ADDRESS | 8222 DEMING | |
| CITY-ST-ZIP | ORLANDO FL 32825 | |

| | | |
|----------------|----------------------------|--|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | A | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | RYAN, JAMES S | |
| STREET ADDRESS | 114 JUNIPER LANE | |
| CITY-ST-ZIP | LONGWOOD FL 32779 | |
| TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | COSTELLO, TED J | |
| STREET ADDRESS | 11329 ALAMEDA SANDRA DRIVE | |
| CITY-ST-ZIP | CLERMONT FL 34711-6628 | |
| TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KUHN, CHARLES W | |
| STREET ADDRESS | 13507 LAKERS COURT | |
| CITY-ST-ZIP | ORLANDO FL 32828 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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:

Robert S. Rains

ROBERT S. RAINS

PHONE NO. 407-671-7524
17 JULY 2000

Date

Daytime Phone #

CR2E037 (5/00)

8/1