

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N23174

1. Entity Name

WEEKI WACHEE AMERICAN LEGION POST NO. 208, INC.

Principal Place of Business

Mailing Address

C/O MARY M. HINDS  
4369 BLUEWATER AVENUE  
SPRING HILL FL 34606

C/O MARY M. HINDS  
4369 BLUEWATER AVENUE  
SPRING HILL FL 34606-2029

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

59-2722554

Applied For

Not Applied For

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

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

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

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 ☐ Delete

NAME  
HINDS, MARY M.  
STREET ADDRESS  
4369 BLUEWATER AVENUE  
CITY-ST-ZIP  
SPRING HILL FL

TITLE ☐ Delete

NAME  
EDMONSTON, RUTH  
STREET ADDRESS  
4406 MONTANO AVE.  
CITY-ST-ZIP  
SPRING HILL FL

TITLE ☐ Delete

NAME  
HINDS, RODGER E.  
STREET ADDRESS  
4369 BLUEWATER AVENUE  
CITY-ST-ZIP  
SPRING HILL FL

TITLE ☐ Delete

NAME  
EDMONSTON, ROBERT  
STREET ADDRESS  
4406 MONTANO AVE  
CITY-ST-ZIP  
SPRING HILL FL

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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:

*MARY M. HINDS*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/00

Date

352-653-5699

Daytime Phone #

FILED  
Jan 26, 2000 8:00 am  
Secretary of State

01-26-2000 90091 039 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE