

2000 UNIFORM BUSINESS REPORT (UBR)

2/2

DOCUMENT # 771311

1. Entity Name

TOWN & COUNTRY MEMORIAL POST 152, THE AMERICAN L

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

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

Principal Place of Business

Mailing Address

11211 SHELDON RD
TAMPA FL 33626-1708

11211 SHELDON RD
TAMPA FL 33626-4708

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

59-2422604

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

MEEKER, DICK
11211 SHELDON RD
TAMPA FL 33626-1708

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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 another like empowered.

SIGNATURE:

SEAN BULLOCK

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-15-2000 (813) 920-3282

Date

Daytime Phone #

CR2E037 (9/99)