

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 771311

1. Entity Name

TOWN & COUNTRY MEMORIAL POST 152, THE AMERICAN L
EGION, DEPARTMENT OF FLORIDA, INC.

Principal Place of Business

11211 SHELDON RD
TAMPA FL 33626-1708

Mailing Address

11211 SHELDON RD
TAMPA FL 33626-1708

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

BULLOCK, EBEN B
11211 SHELDON RD
TAMPA FL 33626-1708

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME D
STREET ADDRESS BULLOCK, E. BUZZ
CITY-ST-ZIP 11211 SHELDON RD.
TAMPA FL 33636

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME D
STREET ADDRESS LAIR, ROBERT
CITY-ST-ZIP 9050 LAKE PLACE LN.
TAMPA FL 33635

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME DC
STREET ADDRESS LAIR, DEBBIE
CITY-ST-ZIP 9050 LAKE PLACE LANE
TAMPA FL 33635

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-23-02 813 920-3282

Date

Daytime Phone #

CR2E037 (9/01)

FILED
Feb 07, 2002 8:00 am
Secretary of State

02-07-2002 90310 016 ****61.25

B0019435



DO NOT WRITE IN THIS SPACE