

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 703698

1. Entity Name

HERBERT D. GIBB POST NO. 259, THE AMERICAN LEGION, DEBARY, FLORIDA, INCORPORATED

Principal Place of Business

245 W BLUE SPRINGS AVE
ORANGE CITY FL 32763

Mailing Address

PO BOX 740613
ORANGE CITY FL 32774-0613
US

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

59-6140737

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

SAARI, PAUL T
105 MEGAN COURT
ORANGE CITY FL 32763

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

Paul T. Saari

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

DATE

8 JAN 2002

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 P ☐ Delete
NAME SAARI, PAUL
STREET ADDRESS 105 MEGAN COURT
CITY-ST-ZIP ORANGE CITY FL 32763

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

TITLE T ☒ Delete
NAME BROWN, LLOYD W
STREET ADDRESS 227 EAST Highbanks Road
CITY-ST-ZIP DEBARY FL 32713-2612

TITLE T ☒ Change ☐ Addition
NAME MELVIN FULTON
STREET ADDRESS 590 SANDY PINES DRIVE
CITY-ST-ZIP ORANGE CITY FL 32763

TITLE D ☐ Delete
NAME KOPHAMEL, FRED
STREET ADDRESS 103 WESTLAKE DRIVE
CITY-ST-ZIP ORANGE CITY FL

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

TITLE S ☒ Delete
NAME SAYLOR, RONALD
STREET ADDRESS 361 W DIXSON ST
CITY-ST-ZIP ORANGE CITY FL

TITLE S ☒ Change ☐ Addition
NAME PASQUALE, ANTHONY
STREET ADDRESS 650 W. GRAVES AVENUE
CITY-ST-ZIP ORANGE CITY FL 32763

TITLE V ☐ Delete
NAME RUSSELL, DAVE
STREET ADDRESS 561 PERRY STREET
CITY-ST-ZIP ORANGE CITY FL

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

TITLE D ☐ Delete
NAME ZELLINGER, JOHN
STREET ADDRESS 2359 MONTANO STREET
CITY-ST-ZIP DELTONA FL

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 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:

Paul T. Saari
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8 JAN 2002

386-775-1776

Date

Daytime Phone #

CR2E037 (9/01)