

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 09, 2003 8:00 am
Secretary of State

01-09-2003 90111 024 ****70.00

DOCUMENT # 703698

1. Entity Name

**HERBERT D. GIBB POST NO. 259, THE AMERICAN LEGIO
ION, 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

470 Summerhaven Dive

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DeBary FL 32713

City & State

4. FEI Number **59-6140737**

Applied For

Not Applicable

Zip

32713

Country

USA

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

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Paul T. Saari

1-7-3

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
Florida 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 **FULTON, MELVIN**
STREET ADDRESS **593 SANDY PINES DRIVE**
CITY-ST-ZIP **ORANGE CITY FL 32763**

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

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 **PASQUALE, ANTHONY**
STREET ADDRESS **650 W. GRAVES AVENUE**
CITY-ST-ZIP **ORANGE CITY FL 32763**

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

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

REQUIRED

1-7-3

386-775-1776

CR2E037 (10/02)