

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 706358

1. Entity Name

AMERICAN LEGION HOLDING COMPANY

Principal Place of Business

22 LEGION LANE
COCOA FL 32922-7782

Mailing Address

22 LEGION LANE
COCOA FL 32922-7782

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

59-0700781

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HERRIAN, DANNY R
22 LEGION LANE
COCOA FL 32923

7. Name and Address of New Registered Agent

Name TIM TOLL

Street Address (P.O. Box Number is Not Acceptable)
22 LEGION LANE

COCOA

City

FL

Zip Code

32923

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:

Tim Toll

14 JAN 2002

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 D ☐ Delete
NAME HERRIAN, DANNY R
STREET ADDRESS 22 LEGION LANE
CITY-ST-ZIP COCOA FL 32923

TITLE VD ☐ Delete
NAME WOODWARD, JOHN D
STREET ADDRESS 22 LEGION LANE
CITY-ST-ZIP COCOA FL 32923

TITLE SD ☐ Delete
NAME MOSS, KERRY B
STREET ADDRESS 22 LEGION LANE
CITY-ST-ZIP COCOA FL 32923

TITLE TD ☐ Delete
NAME TOLL, TIM
STREET ADDRESS 22 LEGION LANE
CITY-ST-ZIP COCOA FL 32923

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

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

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

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 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:

Tim Toll **RE REQUIRED TOLL DIRECTOR**

14 JAN 2002 (321) 636-9720

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)