

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90095 003 ****61.25

DOCUMENT # 713683

1. Entity Name

THE AMERICAN LEG NO VEL POST #159 INC

Principal Place of Business

Mailing Address

**159 AMERICAN LEGION WAY
 P.O. BOX 1631
 VENICE FL 34284-1631
 US**

**159 AMERICAN LEGION WAY
 P.O. BOX 1631
 VENICE FL 34284-1631**

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

59-1051305

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**STEWART BUSINESS SERVICES INC.
 1224 RIDGEWOOD AVE
 VENICE FL 34292**

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 **FVCD** Delete
 NAME **KEY, KATHERINE M**
 STREET ADDRESS **1000 N GONDOLA DR**
 CITY-ST-ZIP **VENICE FL 34293**

TITLE **CD** Change Addition
 NAME **Key, Katherine M**
 STREET ADDRESS **1000 N Gondola Dr**
 CITY-ST-ZIP **Vencie, FL 34293**

TITLE **CD** Delete
 NAME **MRACEK, DAVID**
 STREET ADDRESS **1410 STRADA D'ARGENTO**
 CITY-ST-ZIP **VENICE FL 34292**

TITLE **FVCD** Change Addition
 NAME **Douglass, Gary P**
 STREET ADDRESS **531 Sheridan Dr**
 CITY-ST-ZIP **Venice, FL 34293**

TITLE **AD** Delete
 NAME **JACOB, HENRY I**
 STREET ADDRESS **985 BAFFIN DR,W**
 CITY-ST-ZIP **VENICE FL 34293**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **FOD** Delete
 NAME **KEY, RICHARD**
 STREET ADDRESS **1000 GONDOLA DR, N**
 CITY-ST-ZIP **VENICE FL 34293**

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
 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 and empowered.

SIGNATURE: SI [Signature] Finance Officer Jan. 12, 2000 941 488-1