

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2002 8:00 am
Secretary of State

03-13-2002 90028 012 ****61.25

DOCUMENT # 713683

1. Entity Name

THE AMERICAN LEGION, NO-VEL POST #159, INC.

Principal Place of Business

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

Mailing Address

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KEY, RICHARD
1000 N. GONDOLA DR.
VENICE FL 34293

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

TITLE **CD** Change Addition
 NAME **Howell, Joseph**
 STREET ADDRESS **2349 Bal Harbour Dr**
 CITY-ST-ZIP **Venice, FL 34293-2804**

TITLE **FVCD** Delete
 NAME **HOWELL, JOSEPH**
 STREET ADDRESS **9009 HILOLO LANE**
 CITY-ST-ZIP **VENICE FL 34293**

TITLE **FVCD** Change Addition
 NAME **Washburn, Paul C. Jr**
 STREET ADDRESS **407 Bellini Circle**
 CITY-ST-ZIP **Nokomis, FL 34275-1459**

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

TITLE **AD** Change Addition
 NAME **Blanton, Phillip**
 STREET ADDRESS **70 Southland Rd**
 CITY-ST-ZIP **Venice, FL 34293-5800**

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

TITLE **FOD** Change Addition
 NAME **same**
 STREET ADDRESS **same**
 CITY-ST-ZIP **same**

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 empowered.

SIGNATURE *Richard Key* **Richard Key, Finance Officer** 2/27/2002 941 488-1157

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)