

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 714279

1. Entity Name

PORT ORANGE AMERICAN LEGION BUILDING, INC.

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90073 040 ****61.25

Principal Place of Business

Mailing Address

119 HOWES STREET
PT ORANGE FL 32119
US

P O BOX 290612
PORT ORANGE FL 32129-0612
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

59-1416026

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

HART, EMMETT W JR
511 BLAKE ROAD
SOUTH DAYTONA FL 32119

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

2-25-2000

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 PIERCE, EDWARD
STREET ADDRESS 3708 LACY LANE
CITY-ST-ZIP NEW SMYRNA BEACH FL

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

TITLE D ☐ Delete
NAME HALL, RALPH
STREET ADDRESS 119 HOWES STREET
CITY-ST-ZIP PORT ORANGE FL

TITLE D ☒ Change ☐ Addition
NAME JERRY LAWLER
STREET ADDRESS 309 Autumn Trl
CITY-ST-ZIP PORT ORANGE FL 32119

TITLE V ☐ Delete
NAME MCCLAIN, MARSH
STREET ADDRESS 62 WALTON BLVD
CITY-ST-ZIP PT ORANGE FL 32119

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

TITLE SD ☐ Delete
NAME CRAWFORD, JOHN
STREET ADDRESS 175 LOQUAT LANE
CITY-ST-ZIP DAYTONA BEACH FL 32127

TITLE SD ☒ Change ☐ Addition
NAME HUGH SLOAN
STREET ADDRESS 5496 SAINTRAVIS WAY
CITY-ST-ZIP PORT ORANGE FL 32124

TITLE D ☐ Delete
NAME CHACCHIARINI, JOHN
STREET ADDRESS 918 REED CNAAL ROAD LOT 348
CITY-ST-ZIP DAYTONA BEACH FL 32119

TITLE D ☒ Change ☐ Addition
NAME BILL SLOAN
STREET ADDRESS 1489 SURREY PARK DR
CITY-ST-ZIP PORT ORANGE FL 32124

TITLE T ☐ Delete
NAME BAILEY, DAVID
STREET ADDRESS 5885 RIVERSIDE DR
CITY-ST-ZIP HARBOR OAKS FL 32127

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)(j), 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-25-2000

CR2E037 (9/99)