

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 07, 2001 8:00 am
Secretary of State

08-07-2001 90010 006 ****70.00

DOCUMENT # 714279

1. Entity Name

PORT ORANGE AMERICAN LEGION BUILDING, INC.

Principal Place of Business

**119 HOWES STREET
PT ORANGE FL 32119
US**

Mailing Address

**P O BOX 290612
PORT ORANGE FL 32119
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

119 HOWES ST

City & State

City & State

PORT ORANGE FL

Zip

Country

32127-5404

Zip

Country

32127-5404

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

HUGH M. SLOAN

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

5496 ST REGIS WAY

City

PORT ORANGE

FL

Zip Code

32128

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

Hugh M. Sloan COMMANDER HUGH M. SLOAN

AUGUST 3, 2001

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

After September 12, 2001, min. will be \$236.25

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 **P** ☒ Delete
NAME **PIERCE, EDWARD**
STREET ADDRESS **3708 LACY LANE**
CITY-ST-ZIP **NEW SMYRNA BEACH FL**

TITLE **D** ☒ Delete
NAME **LAWLER, JERRY**
STREET ADDRESS **309 AUTUM 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 **SD** ☐ Delete
NAME **SLOAN, HUGH**
STREET ADDRESS **5496 SANIT REGIS WAY**
CITY-ST-ZIP **PORT ORANGE FL 32124**

TITLE **D** ☐ Delete
NAME **SLOAN, BILL**
STREET ADDRESS **1489 SURREY PANIC 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**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **V** ☐ Change ☒ Addition
NAME **GEORGE SCHULZ**
STREET ADDRESS **1309 RUTHBERN RD**
CITY-ST-ZIP **DAYTONA BEACH, FL 32114**

TITLE **T** ☐ Change ☒ Addition
NAME **CHARLES A. DANIELS**
STREET ADDRESS **5263 TAYLOR AVE**
CITY-ST-ZIP **PORT ORANGE, FL 32127**

TITLE **D** ☒ Change ☐ Addition
NAME **MC LANE, MARSH**

TITLE **P S** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **32128**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **1489 SURREY PARK DR**
CITY-ST-ZIP **32128**

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)(f), 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: **HUGH M. SLOAN** RE **HUGH M. SLOAN**

AUG. 3, 2001

386-788-6800

CR2E037 (5/01)