

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 02, 2002 8:00 am**  
**Secretary of State**

0001569

**DOCUMENT # 714279**

1. Entity Name

**PORT ORANGE AMERICAN LEGION BUILDING, INC.**

04-02-2002 90915 009 \*\*\*\*61.25

Principal Place of Business

Mailing Address

**119 HOWES STREET  
 PORT ORANGE FL 32127  
 US**

**119 HOWES STREET  
 PORT ORANGE FL 32127  
 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

**SLOAN, HUGH M  
 5496 ST REGIS WAY  
 PORT ORANGE FL 32128**

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 ☐ Delete  
 NAME **V**  
 STREET ADDRESS **SCHULZ, GEORGE**  
 CITY-ST-ZIP **1309 RUTHERN RD  
 DAYTONA BEACH FL 32114**

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

TITLE ☐ Delete  
 NAME **T**  
 STREET ADDRESS **DANIELS, CHARLES A**  
 CITY-ST-ZIP **5283 TAYLOR AVE  
 PORT ORANGE FL 32127**

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

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

TITLE ☒ Change ☐ Addition  
 NAME **D**  
 STREET ADDRESS **McLANE, MARSHALL**  
 CITY-ST-ZIP **62 WALTON BLVD  
 PORT ORANGE, FL 32119**

TITLE ☐ Delete  
 NAME **PS**  
 STREET ADDRESS **SLOAN, HUGH**  
 CITY-ST-ZIP **5496 SANIT REGIS WAY  
 PORT ORANGE FL 32128**

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

TITLE ☒ Delete  
 NAME **D**  
 STREET ADDRESS **SLOAN, BILL**  
 CITY-ST-ZIP **1489 SURREY PANIC DR  
 PORT ORANGE FL 32128**

TITLE ☒ Change ☒ Addition  
 NAME **D**  
 STREET ADDRESS **CRAWFORD, JOHN T**  
 CITY-ST-ZIP **175 LOGUAT LN  
 DAYTONA BEACH FL 32127**

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

TITLE ☒ Change ☒ Addition  
 NAME **D**  
 STREET ADDRESS **GUARNERI, SALVATORE J.**  
 CITY-ST-ZIP **217 SAND PEBBLE CR  
 PORT ORANGE, FL 32119**

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: **HUGH M. SLOAN** **HUGH M. SLOAN** **Commander**

3-27-02

386 788 6800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)