

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 714802

1. Entity Name

THE AMERICAN LEGION POST 194, INC.

Principal Place of Business

P O BOX 1073
PEARL STREET
ST AUGUSTINE FL 32085-1073

Mailing Address

P O BOX 1073
PEARL STREET
ST AUGUSTINE FLA 32085-1073

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

LOGAN, JOSEPH
89 SOUTH ST.
ST. AUGUSTINE FL 32084

7. Name and Address of New Registered Agent

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

TITLE D
NAME LOWDNES, SHEDRICK
STREET ADDRESS 18 CHRISTOPHER
CITY-ST-ZIP ST AUGUSTINE, FL 00000 ☒ Delete

TITLE DM
NAME LOGAN, JOSEPH
STREET ADDRESS 89 SOUTH ST
CITY-ST-ZIP ST AUGUSTINE, FL 00000 ☐ Delete

TITLE FD
NAME OTIS C. BOONE
STREET ADDRESS 104 JULIA ST.
CITY-ST-ZIP ST AUGUSTINE, FL 00000 ☒ Delete

TITLE DC
NAME WHITE, GREGORY
STREET ADDRESS 999 PEARL STREET
CITY-ST-ZIP ST. AUGUSTINE FL ☐ Delete

TITLE D
NAME JACKSON, THOMAS
STREET ADDRESS 45 NE SMITH ST
CITY-ST-ZIP ST AUGUSTINE FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME SEPTIMUS C. CONNOR ☐ Change ☒ Addition
STREET ADDRESS 77 PALMER
CITY-ST-ZIP ST. AUGUSTINE, FLA ☐ Change ☐ Addition

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

TITLE
NAME KENNETH L. EDWARDS ☐ Change ☒ Addition
STREET ADDRESS 1563 MAYFIELD RD.
CITY-ST-ZIP JACKSONVILLE, FL. 32259 ☐ Change ☐ Addition

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

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

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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Feb 14, 2000 8:00 am
Secretary of State

02-14-2000 90177 036 ****61.25

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DO NOT WRITE IN THIS SPACE

CR2E037 (1/99)