2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # 723156 Feb 29, 2000 8:00 am 1. Entity Name **Secretary of State** RIVERA BEACH AMERICAN LEGION POST # 268 02-29-2000 90141 017 ****61.25 Principal Place of Business Mailing Address **LEGION POST #268** LEGION POST #268 1690 AVENUE "H" WEST 1690 AVENUE "H" WEST RIVIERA BEACH FL 33404 RIVIERA BEACH FL 33404-4308 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 59-6200712 Not Applicable Zip \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HUGHES, LARRY N 4337 -70TH RD N. RIVIERA BCH FL 33404 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. 9. Election Campaign Financing **FILE NOW:** \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. ☐ Addition TITLE ☐ Delete TITLE THIBODEAU, DIANNE M NAME NAME STREET ADDRESS STREET ADDRESS 1134 A SUMMIT TRAIL CIR CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33415 Addition ☐ Change TITLE TITLE Na Delete arner tyrus J. HUGHES, LARRY N NAME NAME STREET ADDRESS STREET ADDRESS 4337 -70TH RD. N. CITY-ST-ZIP CITY-ST-ZIP RIVIERA BCH FL 33404 ☐ Addition TITLE ☐ Delete TITLE FOX, KATHLEEN F NAME NAME STREET ADDRESS STREET ADDRESS 1211 DOLPHIN RD CITY-ST-ZIP CITY-ST-ZIP RIVIERA BCH FL 33404 Change ☐ Addition TITI F TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF 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