

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 726033

1. Entity Name

BRANDON AMERICAN LEGION POST 278 DEPARTMENT OF F

Principal Place of Business

OF FL. INC.
POST OFFICE BOX 127
VALRICO FL 33594-0127
US

Mailing Address

OF FL. INC.
POST OFFICE BOX 127
VALRICO FL 33595-0127
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

59-6209742

Applied For

Not

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

BRODERICK, JOSEPH F
1901 BELLSHORES RD
BRANDON FL 33511

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 PD ☐ Delete
NAME MEREDITH, JOHN R.
STREET ADDRESS 208 LAKE PARSONS #801
CITY-ST-ZIP BRANDON FL

TITLE TD ☒ Change ☐
NAME MEREDITH, JOHN R.
STREET ADDRESS 208 LAKE PARSONS #801
CITY-ST-ZIP BRANDON FL 33511-6050

TITLE SD ☐ Delete
NAME BRODERICK, JOE
STREET ADDRESS 1901 BELLSHORES RD
CITY-ST-ZIP BRANDON FL

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

TITLE TD ☐ Delete
NAME JOYNER, CHARLES A
STREET ADDRESS 604 GAY ANN DRIVE
CITY-ST-ZIP VALRICO, FL 00000

TITLE D ☒ Change ☐
NAME JOYNER, CHARLES A.
STREET ADDRESS 301 PINE KNOT DR
CITY-ST-ZIP VALRICO FL 33594

TITLE VD ☐ Delete
NAME JANCO, STANLEY S.
STREET ADDRESS 303 TAHO LANE
CITY-ST-ZIP VALRICO FL

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE PD ☐ Change ☒ Addition
NAME KRAMER, JAMES
STREET ADDRESS 2020 GRAND RAPIDS DR
CITY-ST-ZIP TAMPA FL 33619

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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)(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
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90085 040 ****61.25



DO NOT WRITE IN THIS SPACE