

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2003 8:00 am
Secretary of State

01-16-2003 90102 024 ****61.25

DOCUMENT # 726033

1. Entity Name

**BRANDON AMERICAN LEGION POST 278 DEPARTMENT OF F
LORIDA INC**



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 33594-0127
US

2. Principal Place of Business

3. Mailing Address

115 W. CLAY AVE

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

BRANDON FL

33510

HILLSBOROUGH

Zip

Country

4. FEI Number **59-6209742**

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

**MEREDITH, JOHN R
8811 BARCIN CIRCLE
RIVERVIEW FL 33569**

Name

SAME

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/6/03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TD	<input type="checkbox"/> Delete
NAME	JOHN, MEREDITH R	
STREET ADDRESS	8811 BARCIN CIRCLE	
CITY-ST-ZIP	RIVERVIEW FL 33569	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MEREDITH, DALE P	
STREET ADDRESS	508 CLEARFIELD RD	
CITY-ST-ZIP	BRANDON FL 33511	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	JOYNER, CHARLES A	
STREET ADDRESS	3601 PINE KNOT DR	
CITY-ST-ZIP	VALRICO FL 33594	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	JANCO, STANLEY S.	
STREET ADDRESS	303 TAHO LANE	
CITY-ST-ZIP	VALRICO FL 33594	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MEREDITH, ROGER A	
STREET ADDRESS	508 CLEARFIELD RD	
CITY-ST-ZIP	BRANDON FL 33511	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LOUIS PALMER	
STREET ADDRESS	1343 MONTBLAKE DR	
CITY-ST-ZIP	VALRICO FL 33594	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARK KING	
STREET ADDRESS	P.O. BOX 60	
CITY-ST-ZIP	VALRICO, FL 33595-0060	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 stated 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 required, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

1/6/03 (800) 671-9477

CR2E037 (10/02)