

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 732889

1. Entity Name

AMERICAN LEGION, CAMPBELL-LOSSING POST 53, INC.,

FILED
Feb 10, 2000 8:00 am
Secretary of State

02-10-2000 90062 041 ****61.25

Principal Place of Business

Mailing Address

P.O. BOX #53
 SANFORD FL 32772

P.O. BOX #53
 SANFORD FL 32772-0053



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-6200272

Applied For

Not Applicable

Zip

Country

Zip

Country

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

PROKOSCH, MICHAEL K
128 W COLEMAN CIR
SANFORD FL 32771

Name **KENNETH FERRIN**

Street Address (P.O. Box Number is Not Acceptable)
50 DOWNING ST

City **SANFORD** **FL** Zip Code **32773**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Feb 3 00

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 **CD** Delete
 NAME **PROKOSCH, MICHAEL K**
 STREET ADDRESS **128 W COLEMAN CIR**
 CITY-ST-ZIP **SANFORD FL 32773**

TITLE **CD** Change Addition
 NAME **KENNETH FERRIN**
 STREET ADDRESS **50 DOWNING ST.**
 CITY-ST-ZIP **SANFORD FL. 32773**

TITLE **VC** Delete
 NAME **BISHOP, DOUG**
 STREET ADDRESS **P.O. BOX 2464**
 CITY-ST-ZIP **SANFORD FL 32772**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **AD** Delete
 NAME **GRAHAM, CHARLES B**
 STREET ADDRESS **855 SILVERADO COURT**
 CITY-ST-ZIP **LAKE MARY FL 32746**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **T** Delete
 NAME **HILL, WILLIAM**
 STREET ADDRESS **1236 MULLET LAKE PARK ROAD**
 CITY-ST-ZIP **GENEVA FL 32732**

TITLE **T** Change Addition
 NAME **RICHARD FELTON SR**
 STREET ADDRESS **134 HACIENDA VLG.**
 CITY-ST-ZIP **WINTER SPRINGS FL. 32708**

TITLE **VC** Delete
 NAME **HARRINGTON, FRANK**
 STREET ADDRESS **116 LAKE DOT DRIVE**
 CITY-ST-ZIP **SANFORD FL 32773**

TITLE **VC** Change Addition
 NAME **WILLIAM A. HOLT**
 STREET ADDRESS **3291 S, SANFORD AVE, #103**
 CITY-ST-ZIP **SANFORD FL. 32773**

TITLE **TR** Delete
 NAME **COURTNEY, TERRY**
 STREET ADDRESS **1571 DOYLE ROAD, BOX 91**
 CITY-ST-ZIP **DELTONA FL 32725**

TITLE **TR** Change Addition
 NAME **LARRY DARLIN**
 STREET ADDRESS **104 HAZEL BLVD,**
 CITY-ST-ZIP **SANFORD FL. 32773**

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: *Charles B. Graham*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 3 2000

Date

407-322-1652

Daytime Phone #

CR2E037 (9/99)