

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 738558

1. Entity Name

AMERICAN LEGION OF ST. AUGUSTINE, INC.

FILED
Mar 11, 2002 8:00 am
Secretary of State

03-11-2002 90001 033 ****61.25

Principal Place of Business

Mailing Address

1 ANDERSON CIRCLE
ST. AUGUSTINE FL 32084

1 ANDERSON CIRCLE
ST. AUGUSTINE FL 32084

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2. Principal Place of Business

3. Mailing Address

P.O. Box 2204

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

XXXX St. Augustine, FL

4. FEI Number

59-1102200

Applied For

Not Applicable

Zip

Country

Zip

Country

32085-2204

St. Johns

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

BURN, NANCY J
685 S HOLMES BLVD
SAINT AUGUSTINE FL 32084

Name

Diane C. Pullin

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

9085 Barrister Court

City

Jacksonville

FL

Zip Code
32257

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

Diane C. Pullin

Feb 25, 2002

DATE

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

(NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	P BATES, BRUCE R A ANDERSON CIRCLE ST AUGUSTINE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SOLANO, DOYLE 1 ANDERSON CIRCLE ST AUGUSTINE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BEST, CHARLES 1 ANDERSON CIRCLE ST AUGUSTINE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SOLANA, DOYLE 1 ANDERSON CIR. ST. AUGUSTINE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEEN, DON 1 ANDERSON CIRCLE ST AUGUSTINE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President A. J. Sartin P.O. Box 2204 St. Augustine, FL 32085-2204	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	XXXXXXXXXXXX Secretary Ron A. Eitel P.O. Box 2204 St. Augustine, FL 32085-2204	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Jim D. Cook P.O. Box 2204 St. Augustine, FL 32085-2204	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Don H. Osterhout P.O. Box 2204 St. Augustine, FL 32085-2204	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Doyle Solano P.O. Box 2204 St. Augustine, FL 32085-2204	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	St. Augustine, FL 32085-2204	<input type="checkbox"/> Change <input type="checkbox"/> 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:

A. J. Sartin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

A. J. Sartin Feb 25, 02 (904) 669-1946

Date

Daytime Phone #

CR2E037 (9/01)