2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 746070

1. Entity Name

JAMERSON-SHEFFIELD POST 91, INC., THE AMERICAN L

FILED
Feb 28, 2000 8:00 am
Secretary of State
02-28-2000 90075 018 ****61.25

Principal Place of Business	Mailing Address
9100 SW 62ND CT. TRENTON FL 32693 US	P.O. BOX 559 TRENTON FL 32693-0559 US

DO NOT WRITE IN THIS SPACE

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 59-6200732 ☐ 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
CLIFTON, WILLIAM O. 505 SW 1ST ST TRENTON FL 32693	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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D CLIFTON, WILLIAM O 505 SW 1 ST TRENTON FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PCD KING, MARCIA 9100 SW 62ND CT. TRENTON FL 32693	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PCD WAYNE GRAVELY HWY 26 TRENTON, FLORIDA 32693 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD GILLIAM, JOSEPH W. (JOE P.O. BOX 37 N/A BELL FL 32619	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ADJ [redacted] FRED EVIRS 7410 NW 166 ST TRENTON, FLORIDA 32693 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD LAYFIELD, VERNON RT. 3, BOX 19 TRENTON FL 32693	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BRIDESON, WILLIAM J. P.O. BOX 938 N/A TRENTON FL 32693	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD WILLIAMS, MARILYN 2151 NW 167TH PL. TRENTON FL 32693	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (9/99)

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] (352) 463-3170
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 02/20/2000 — Daytime Phone #