

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 746070

1. Entity Name

JAMERSON-SHEFFIELD POST 91, INC., THE AMERICAN L
EGION, DEPARTMENT OF FLORIDA

Principal Place of Business

Mailing Address

9100 SW 62ND CT.
TRENTON FL 32693
US

P.O. BOX 559
TRENTON FL 32693
US

2. Principal Place of Business

4200 S. US 129

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Bell, Florida

City & State

4. FEI Number

59-6200732

Applied For

Not Applicable

Zip

32619

Country

Gilchrist

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

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 D ☐ Delete
NAME CLIFTON, WILLIAM O
STREET ADDRESS 505 SW 1 ST
CITY-ST-ZIP TRENTON FL

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

TITLE PCD ☐ Delete
NAME EVIRS, FRED H
STREET ADDRESS 14590 NW 72ND TR.
CITY-ST-ZIP TRENTON FL 32693

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

TITLE ADJ ☐ Delete
NAME KOONTZ, JERRY
STREET ADDRESS 17590 NW 71 ST AVE
CITY-ST-ZIP TRENTON FL 32693

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

TITLE VD ☒ Delete
NAME LAYFIELD, VERNON
STREET ADDRESS RT. 3, BOX 19
CITY-ST-ZIP TRENTON FL 32693

TITLE Finance Officer ☐ Change ☒ Addition
NAME Joe Gilliam
STREET ADDRESS 1760 NW 22nd Court
CITY-ST-ZIP Bell, Florida 32619

TITLE D ☐ Delete
NAME BRIDSON, WILLIAM J.
STREET ADDRESS P.O. BOX 938 N/A
CITY-ST-ZIP TRENTON FL 32693

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

TITLE VPD ☐ Delete
NAME WILLIAMS, MARILYN
STREET ADDRESS 2151 NW 167TH PL.
CITY-ST-ZIP TRENTON FL 32693

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 FRED EVIRS

02/14/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)

FILED
Feb 27, 2002 8:00 am
Secretary of State

02-27-2002 90040 032 ****61.25



DO NOT WRITE IN THIS SPACE