

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

0001568

DOCUMENT # 761159

1. Entity Name

PORT ORANGE POST #270 OF THE AMERICAN LEGION, IN C.

04-02-2002 90915 010 ****61.25

Principal Place of Business

Mailing Address

**119 HOWES STREET
 PORT ORANGE FL 32127
 US**

**119 HOWES STREET
 PORT ORANGE FL 32127
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1416026

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

**SLOAN, HUGH M
 5496 ST. REGIS WAY
 PORT ORANGE FL 32124**

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 **P** ☐ Delete
 NAME **SLOAN, HUGH M**
 STREET ADDRESS **5496 ST. REGIS WAY**
 CITY-ST-ZIP **PORT ORANGE FL 32124**

TITLE **PS** ☒ Change ☐ Addition
 NAME **SLOAN, HUGH M.**
 STREET ADDRESS **5496 ST. REGIS WAY**
 CITY-ST-ZIP **PORT ORANGE, FL 32128**

TITLE **D** ☐ Delete
 NAME **CRAWFORD, JOHN T**
 STREET ADDRESS **175 LOQUAT LN**
 CITY-ST-ZIP **DAYTONA BEACH FL 32127**

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

TITLE **D** ☐ Delete
 NAME **GUARNERI, SALVATORE J**
 STREET ADDRESS **217 SAND PEBBLE CIR**
 CITY-ST-ZIP **PORT ORANGE FL 32119**

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

TITLE **TD** ☐ Delete
 NAME **DANIELS, CHARLES A**
 STREET ADDRESS **5263 TAYLOR AVE**
 CITY-ST-ZIP **PORT ORANGE FL 32127**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **V** ☐ Change ☒ Addition
 NAME **SCHULZ, GEORGE**
 STREET ADDRESS **1309 RUTHBURN RD**
 CITY-ST-ZIP **DAYTONA BEACH, FL 32114**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☒ Change ☒ Addition
 NAME **MC LANE, MARSHALL**
 STREET ADDRESS **62 WALTON BLVD**
 CITY-ST-ZIP **PORT ORANGE, FL 32119**

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:

HUGH M. SLOAN / COMMANDER
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-27-02

Date

386 788 6800

Daytime Phone #

CR2E037 (9/01)