

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 763303

1. Entity Name

THE AMERICAN LEGION AUXILIARY, DEPARTMENT OF FLO

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90162 015 ****61.25

Principal Place of Business

1912 A LEE RD
ORLANDO FL 32810
US

Mailing Address

P.O. BOX 547917
ORLANDO FL 32854-7917
US

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

59-0520130

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

MAHONEY, MARIE
1912 LEE RD.
ORLANDO FL 32810

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 PD ☒ Delete
NAME PROCTOR, RUTH
STREET ADDRESS 8454 TANAKA DR
CITY-ST-ZIP ENGLEWOOD FL 34224

TITLE PD ☒ Change ☐ Addition
NAME RICH, KATHY
STREET ADDRESS 6704 HIDDEN HILLS COURT
CITY-ST-ZIP TAMPA FL 33615

TITLE STD ☐ Delete
NAME MARIE MAHONEY
STREET ADDRESS 1912A LEE RD
CITY-ST-ZIP ORLANDO FL

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

TITLE VD ☒ Delete
NAME RICH, KATHY
STREET ADDRESS 5725 KINGFISH DR
CITY-ST-ZIP LUTZ FL 33549

TITLE VD ☒ Change ☐ Addition
NAME PAT E. HUMPHREYS
STREET ADDRESS 4871 E RIVERSIDE DRIVE
CITY-ST-ZIP FORT MYERS FL 33905

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Marie Mahoney* MARIE MAHONEY, STD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/26/01

Date

407-293-7411

Daytime Phone #

CR2E037 (10/00)