## 2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## Feb 14, 2002 8:00 am Secretary of State **DOCUMENT # 767801** 1. Entity Name SPRING HILL AMERICAN LEGION POST #186, INC. 02-14-2002 90005 039 \*\*\*\*70.00 Mailing Address Principal Place of Business 12091 CORTEZ BOULEVARD 12091 CORTEZ BOULEVARD **BROOKSVILLE FL 34613** BROOKSVILLE FL 34613 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 37-0023500 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired X Fee Bequired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ALEXANDER TENDERSON Street Address (P.O. Box Number is Not Acceptable) KENNEDY, GEORGE III 4771 BAYRIDGE CT SPRING HILL FL 34606 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 (NOTE: Registered Agent signature Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. ☐ Change X Addition TITLE ☐ Delete TITLÉ BOWMAN, TERRANCE D KENNEDY, GEORGE H III NAME NAME 2001 WHITE WOOD AUF. **4771 BAYRIDGE COURT** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SPRING HILL FL 34606 CITY-ST-ZIP SPRINGHILL FL. 34609 Addition ☐ Change ☐ Delete TITLE TITLE HENDERSON, ALEXANDER W JR SPAULDING RICHARD NAME NAME 9034 SENIOR WAY STREET ADDRESS 4263 RACHEL BLVD. STREET ADDRESS **BROOKSVILLE FL 34613** CITY-ST-ZIP SPRINGHILL FL. 34607 CITY-ST-ZIP TITLE Change Addition **▼** Delete REESE, ROBERT 8 NAME 11055 HEATWOOD AVE STREET ADDRESS STREET ADDRESS SPRING HILL FL 34608 CITY-ST-ZIP CITY-ST-ZIP ☐ Channe ☐ Addition ■ Delete TITLE MATYER, JOSEPH J NAME NAME 4553 CHAMBERS CT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SPRING HILL FL 34609 ☐ Addition ☐ Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP 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.

FILED

SCHATTER AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR