

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **NO1000003845**

1. Entity Name

HUGH T. GREGORY POST NO. 63, INC. OF THE AMERICA

Principal Place of Business

271 W. PLANT ST.
WINTER GARDEN FL 34787

Mailing Address

P. O. BOX 771041
WINTER GARDEN FL 34777-1041

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

59-3132337

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LINEBARIER, JOHN H
1308 CENTER ST.
OCOCHEE FL 34781

7. Name and Address of New Registered Agent

Name

Julian L. Revels

Street Address (P.O. Box Number is Not Acceptable)

327 Apopka Street

City

Winter Garden

FL

Zip Code
34787

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

Julian L. Revels

(NOTE: Registered Agent signature required when reinstating)

DATE

1-26-2001

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) **XX**

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	(P) D	☐ Change XX Addition
NAME	Kathryn O. Boyer	
STREET ADDRESS	611 Palomas Avenue	
CITY-ST-ZIP	Ocoee, FL. 34761	
TITLE	(VP) D	☐ Change XX Addition
NAME	Emil J. Briere	
STREET ADDRESS	603 Ridgefield Avenue	
CITY-ST-ZIP	Ocoee, FL. 34761	
TITLE	(VP) D	☐ Change XX Addition
NAME	Robert H. Warren	
STREET ADDRESS	639 Bay Court	
CITY-ST-ZIP	Orlando, FL. 32836	
TITLE	(T) D	☐ Change XX Addition
NAME	Whiteford M. Teal	
STREET ADDRESS	209 Valencia Court	
CITY-ST-ZIP	Winter Garden, FL. 34787	
TITLE	(S) D	☐ Change XX Addition
NAME	John H. Linebarier	
STREET ADDRESS	1308 Center Street	
CITY-ST-ZIP	Ocoee, FL. 34761	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 in 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Kathryn O. Boyer, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-30-01

Date

407-877-8381

Daytime Phone #

CR2E034 (10/00)