

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

**NOI 000003845**

1. Entity Name

HUGH T. GREGORY POST NO. 63  
OF THE AMERICAN LEGION

Principal Place of Business

271 WEST PLANT ST.  
WINTER GARDEN, FL.  
34787

Mailing Address

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

2. Principal Place of Business

271 WEST PLANT STREET

Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 771041

Suite, Apt. #, etc.

City & State

WINTER GARDEN, FL.

City & State

WINTER GARDEN, FL.

Zip

34787

Country

USA

Zip

34777-1041

Country

USA

4. FEI Number

59-3132337

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

01 JUN 18 PM 9:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

6. Name and Address of Current Registered Agent

JULIAN L. REVELS  
327 APOPKA ST.  
WINTER GARDEN, FL. 34787

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* JULIAN L. REVELS, 327 APOPKA ST. WINTER GARDEN, FL.

6-14-01

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Kathryn O. Boyer (P)D <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Emil J. Briere (VP)D <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Robert H. Warren (VP)D <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Terry L. Williams (T)D <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Emil J. Briere (S)D <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, and 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 life empowered.

SIGNATURE: *Kathryn O. Boyer* Kathryn O. Boyer, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-14-01

Date

407-877-8381

Daytime Phone #

CR2E037 (11/00)

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