

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 16, 2002 8:00 am
Secretary of State

09-16-2002 90097 033 ****61.25

DOCUMENT # N01000003845

1. Entity Name

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

Principal Place of Business

Mailing Address

**271 W PLANT ST
 WINTER GARDEN FL 34787**

**PO 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

7. Name and Address of New Registered Agent

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

Name **EMIL J BRIERE**

Street Address (P.O. Box Number is Not Acceptable) **603 RIDGEFIELD AVE**

OCOE

City

FL

Zip Code

34761

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Emil J Briere*
 Signature, typed or printed name of registered agent and title if applicable

EMIL J. BRIERE **5-9-02**
 (NOTE: Registered Agent signature required when reinstating) DATE

**After September 13, 2002,
 min. will be \$236.25.**

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 **BOYER, KATHRYN O**
 STREET ADDRESS **611 PALOMAS AVE**
 CITY-ST-ZIP **OCOE FL 34761**

TITLE **SD** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VD** ☐ Delete
 NAME **BRIERE, EMIL J**
 STREET ADDRESS **603 RIDGEFIELD AVE**
 CITY-ST-ZIP **OCOE FL 34761**

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

TITLE **VD** ☐ Delete
 NAME **WARREN, ROBERT H**
 STREET ADDRESS **639 BAY CT**
 CITY-ST-ZIP **ORLANDO FL 34761**

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

TITLE **TD** ☐ Delete
 NAME **WILLIAMS, TERRY L**
 STREET ADDRESS **704 SPRING CREEK DR**
 CITY-ST-ZIP **OCOE FL 34761**

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

TITLE **SD** ☒ Delete
 NAME **BRIERE, EMIL J**
 STREET ADDRESS **603 RIDGEFIELD AVE**
 CITY-ST-ZIP **OCOE FL 34761**

TITLE **VD** ☐ Change ☒ Addition
 NAME **Jim Fleming**
 STREET ADDRESS **511 ORANGE AVE**
 CITY-ST-ZIP **OCOE, FL 34761**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **PD** ☐ Change ☒ Addition
 NAME **CLAYDEN, BERT**
 STREET ADDRESS **1322 APOPKA BLVD**
 CITY-ST-ZIP **APOPKA, FL 32703**

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 or without other like empowered.

SIGNATURE: *[Signature]* **NOT REQUIRED**

5-9-02 407-656-6361

CR2E037 (4/02)