

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N03968

1. Entity Name

FLORIDA AMERICAN LEGION BOYS' STATE, INC.

Principal Place of Business

1912 LEE RD
P O BOX 7936
ORLANDO FL 32810-5704

Mailing Address

P.O. BOX 547936
ORLANDO FL 32854

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

59-2042062

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

SHANNON, DYKE E.
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 C ☒ Delete
NAME MAHONEY, ROY
STREET ADDRESS 1912 A LEE RD
CITY-ST-ZIP ORLANDO FL 32810

TITLE ☒ Change ☒ Addition
NAME Omar E. Smith
STREET ADDRESS 1912 A Lee Rd.
CITY-ST-ZIP Orlando, FL 32810

TITLE ☐ Delete
NAME ST
NAME DYKE, SHANNON E
STREET ADDRESS 1912 A LEE ROAD
CITY-ST-ZIP ORLANDO FL 32810

TITLE ☐ Change ☒ Addition
NAME D Sisco Dean
STREET ADDRESS P.O. BOX 637
CITY-ST-ZIP Flagler Beach, FL 32136

TITLE ☐ Delete
NAME D
NAME GLOVER, BARRIE
STREET ADDRESS 486 E. IVAN RD
CITY-ST-ZIP CRAWFORDVILLE FL 32327

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

TITLE ☐ Delete
NAME D
NAME JOHNSON, ULYSSES
STREET ADDRESS 560 LAKE MAUDE DR. NE
CITY-ST-ZIP WINTER HAVEN FL 33881

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

TITLE ☒ Delete
NAME D
NAME WILLIAMS, CHUCK
STREET ADDRESS 172 SANDALWOOD WAY
CITY-ST-ZIP LONGWOOD FL 32750

TITLE ☐ Change ☒ Addition
NAME D
NAME F. Palmer Williams
STREET ADDRESS P.O. BOX 4128
CITY-ST-ZIP Tallahassee, FL 32315-4128

TITLE ☐ Delete
NAME D
NAME WEHRLI, GEORGE
STREET ADDRESS PO BOX 1846
CITY-ST-ZIP LAKE CITY FL 32056-1846

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:

Shannon E. Dyke
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)

FILED
Jan 23, 2001 8:00 am
Secretary of State

01-23-2001 90075 041 ****61.25

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DO NOT WRITE IN THIS SPACE