

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2002 8:00 am
Secretary of State

02-19-2002 90082 011 *****61.25

DOCUMENT # N03968

1. Entity Name

FLORIDA AMERICAN LEGION BOYS' STATE, INC.

Principal Place of Business

Mailing Address

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

**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 ☒ Delete
NAME **C**
STREET ADDRESS **SMITH, OMER E**
CITY-ST-ZIP **1912 A LEE RD
ORLANDO FL 32810**

TITLE ☐ Change ☒ Addition
NAME **Ken. Powell**
STREET ADDRESS **1912 A Lee Rd.**
CITY-ST-ZIP **Orlando, FL 32810**

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

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

TITLE ☒ Delete
NAME **D**
STREET ADDRESS **GLOVER, BARRIE**
CITY-ST-ZIP **488 E. IVAN RD
CRAWFORDVILLE FL 32327**

TITLE ☐ Change ☒ Addition
NAME **D**
STREET ADDRESS **LAWRENCE E. STRANGE**
CITY-ST-ZIP **312 NW 10th Ave
DeLray Beach, FL 33444**

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

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

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **SISCO, DEAN**
CITY-ST-ZIP **P.O. BOX 637
FLAGLER BEACH FL 32136**

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

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **WEHRLI, GEORGE**
CITY-ST-ZIP **PO BOX 1846
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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**407
1-30-02 295-2651**

CR2E037 (9/01)