

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N05635

1. Entity Name

EDEKER-DUBOSE POST 121, INCORPORATED, THE AMERIC
AN LEGION, DEPARTMENT OF FLORIDA

Principal Place of Business

Mailing Address

3621 HIGHWAY 4
C/O WILLIAM C. POLK
JAY FL 32565
US

P.O. BOX 67
C/O WILLIAM C. POLK
JAY FL 32565
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-6008849

Applied For

Not Applicable

Zip

Country

Zip

Country

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

POLK, WILLIAM C.
4949 DOBSON ROAD
JAY FL 32565

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	<input type="checkbox"/> Delete
NAME	JACKSON, BILLY G	
STREET ADDRESS	109 5 MAGNOLA ST	
CITY-ST-ZIP	JAY FL 32565	
TITLE	D	<input type="checkbox"/> Delete
NAME	HAMMOND, JAMES F	
STREET ADDRESS	3036 LEWIS RD	
CITY-ST-ZIP	MILTON FL 32570	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MAGAHA, HARM A.	
STREET ADDRESS	P. O. BOX 141 N/A	
CITY-ST-ZIP	JAY FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HARRISON, ALTON	
STREET ADDRESS	115 ESCAMBIA AVE.	
CITY-ST-ZIP	JAY FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	EASTER, DAVE	
STREET ADDRESS	2542 NELSONTOWN RD	
CITY-ST-ZIP	JAY FL 32565	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BILLY WEBB	
STREET ADDRESS	5285 CRYSTAL CREEK DR.	
CITY-ST-ZIP	PACE FL 32571	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	E.E. GABBERT	
STREET ADDRESS	PINE LEVEL CHURCH ROAD	
CITY-ST-ZIP	JAY, FL 32565	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVID EASTER	
STREET ADDRESS	2542 NELSONTOWN ROAD	
CITY-ST-ZIP	JAY, FL 32565	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

DAVID EASTER 4-6-02 850-675-2550

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)



DO NOT WRITE IN THIS SPACE