

2001 UNIFORM BUSINESS REPORT (UBR)

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

01-23-2001 90079 002 ****61.25

DOCUMENT # N06361

1. Entity Name

GEORGE SUMMER BEACHES CHAPTER #51, DISABLED AMER

Principal Place of Business

AMERICAN LEGION POST 316
 1127 ATLANTIC BOULEVARD
 ATLANTIC BEACH FL 32233
 US

Mailing Address

2202 LEON RD
 JACKSONVILLE FL 32246
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

31-0947708

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HIOTT, CAMERON S
 2202 LEON ROAD
 JACKSONVILLE FL 32246

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

Cameron S. Hiott Adgt.
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

1-4-01
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	1VD	<input type="checkbox"/> Delete
NAME	WALLACE, TONY J	
STREET ADDRESS	3834 BANKHEAD AVE	
CITY-ST-ZIP	JACKSONVILLE FL 322096	
TITLE	DC	<input type="checkbox"/> Delete
NAME	EARLS, WILNER J	
STREET ADDRESS	323 2ND AVENUE SO	
CITY-ST-ZIP	JACKSONVILLE BEACH FL 32233	
TITLE	TC	<input type="checkbox"/> Delete
NAME	RYAN, MARTY	
STREET ADDRESS	476 TAYLOR AVENUE	
CITY-ST-ZIP	PONTE VEDRA FL 32250	
TITLE	PATD	<input type="checkbox"/> Delete
NAME	HIOTT, CAMERONS	
STREET ADDRESS	2202 LEON ROAD	
CITY-ST-ZIP	JACKSONVILLE FL 32246	
TITLE	3VT	<input type="checkbox"/> Delete
NAME	BUTNER, TEX	
STREET ADDRESS	226 MAGNOLIA ST.	
CITY-ST-ZIP	NEP. BCH. FL 32250	
TITLE	2VT	<input type="checkbox"/> Delete
NAME	RICHARDS, BOB	
STREET ADDRESS	MAYPORT RD, 722-7415	
CITY-ST-ZIP	MAYPORT FL 32233	

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	<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	<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:

Cameron S. Hiott Adgt.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)