# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Feb 15, 2000 8:00 am**
**Secretary of State**
02-15-2000 90029 027 ****61.25

DOCUMENT # N16930

1. Entity Name

THE AMERICAN LEGION HAROLD JOHNS POST 62, DEPART

| Principal Place of Business | Mailing Address |
|---|---|
| 319 STYPMANN BLVD.<br>STUART FL 34994-2238<br>US | 319 STYPMANN BLVD.<br>STUART FL 34994-2238<br>US |

DO NOT WRITE IN THIS SPACE

| 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 59-2352040 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

NETHERS, JOHN W
270 SW SOUTH RIVER DR
#102
STUART FL 34997

**7. Name and Address of New Registered Agent**

Name NOLAN, TERENCE E.
Street Address (P.O. Box Number is Not Acceptable) 1240 STARFISH LN.
City STUART FL Zip Code 34996

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 Terence E Nolan TERENCE NOLAN, COMMANDER 2-8-2000
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 / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>NETHERS, JOHN W<br>270 SW SOUTH RIVER DR<br>STUART FL | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>McNamee, LAWRENCE J.<br>2732 SW MATHESON Ave<br>PALM CITY, FL 34990 | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>PECK, BOB<br>534 RIVERVIEW DR.<br>STUART FL | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP<br>MCKEON EDWARD<br>4983 - SW LAKE GROVE CIRCLE<br>PALM CITY FL 34990 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>ANDERSON, JOSEPH P<br>1722 SW WATERFALL BLVD<br>PALM CITY FL 34990 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>ANDERSON, JOSEPH P.<br>1722 SW WATERFALL Blvd<br>Palm City, FL 34990 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DVP<br>DAVIS, JAMES W<br>1300 STARFISH LN<br>STUART FL 34996 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>MORRELL JOHN<br>1549 SW NERVIA Ave<br>Port St. Lucie, FL 34953 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DT<br>NOLAN, TERENCE E<br>1240 STARFISH LN<br>STUART FL 34996 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>NOLAN, TERENCE E.<br>1240 STARFISH LN<br>STUART, FL 34996 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

CR2E037 (9/99)

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:** John M Morrell John Morrell 2-8-2000 561-216-4556
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #