

# 2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 22, 2002 8:00 am  
Secretary of State

01-22-2002 90103 030 \*\*\*\*61.25

DOCUMENT # N20867

1. Entity Name

JANE A. DELANO, POST #122, INC. AMERICAN LEGION,  
DEPARTMENT OF FLORIDA

Principal Place of Business

Mailing Address

% POST 273  
600 AMERICAN LEGION DRIVE  
MADEIRA BEACH FL 33708  
US

AMERICAN LEGION POST 122  
P.O. BOX 114  
BAY PINES FL 33744  
US

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

59-6143664

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

ARCAND, JOAN M  
5674 BAY PINES LAKE BLVD  
ST. PETEREBURG FL 33708

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 VP  
NAME ROSENBERGER, BETTY JEAN ☒ Delete  
STREET ADDRESS 14133 88TH AVENUE NORTH  
CITY-ST-ZIP SEMINOLE FL 34776

TITLE DIRECTOR  
NAME ROSENBERGER, BETTY JEAN ☒ Change ☐ Addition  
STREET ADDRESS 14133 88th Ave No.  
CITY-ST-ZIP SEMINOLE FLORIDA 34776

TITLE T  
NAME BRADLEY, LOIS ☐ Delete  
STREET ADDRESS 11300 124 AVE #94  
CITY-ST-ZIP LARGO FL 33778

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

TITLE VP  
NAME RICE, KAYE ☒ Delete  
STREET ADDRESS 7264 61ST AVENUE NORTH  
CITY-ST-ZIP SAINT PETERSBURG FL 33709

TITLE VICE COMMANDER  
NAME ANTONETTE Amato ☒ Change ☐ Addition  
STREET ADDRESS 7084 30 SHORE Rd.  
CITY-ST-ZIP So PASADENA FL 33707-2424

TITLE PC  
NAME ARCAND, JOAN M ☐ Delete  
STREET ADDRESS 5674 BAY PINES LAKE BLVD  
CITY-ST-ZIP ST. PETERSBURG FL 33708-3526

TITLE ADJUTANT  
NAME MARY E. MARKLE ☐ Change ☒ Addition  
STREET ADDRESS 1547 SHORE DRIVE SO. #516  
CITY-ST-ZIP So PASADENA FLA 33707-4724

TITLE D  
NAME GIFFROW, ELDA ☐ Delete  
STREET ADDRESS 2131 RIDGE RD., VILLA X136  
CITY-ST-ZIP LARGO FL 33778-1613

TITLE SGT AT ARMS  
NAME GILEN E. BLACK ☐ Change ☒ Addition  
STREET ADDRESS 2424 W. TAMPA BAY #101  
CITY-ST-ZIP TAMPA FLA. 33607

TITLE D  
NAME BUTTERWORTH, MARIA ☐ Delete  
STREET ADDRESS 9252 47TH AVE NO  
CITY-ST-ZIP ST. PETERSBURG FL 33708-3852

TITLE CHAPLAIN  
NAME ROSEMARY CIANCIOSI ☐ Change ☒ Addition  
STREET ADDRESS 17668 JAMESTOWN Way #D  
CITY-ST-ZIP KUTZ, FLA. 33558-7780

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:

*Joan M. Arcand*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/02

Date

727-392-5648

Daytime Phone #

CR2E037 (9/01)