

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

May 08, 2002 8:00 am
Secretary of State

05-08-2002 90070 046 ****61.25

DOCUMENT # N24020

1. Entity Name

MAYO POST 105 AMERICAN LEGION, INC.

Principal Place of Business

Mailing Address

PO BOX 178
MAYO FL 32066

PO BOX 178
MAYO FL 32066

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

32066

LAFAYETTE

4. FEI Number

59-6151009

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

ATWELL, WILLIAM T
HWY 51 NORTH
MAYO FL 32066

Name **BLACK, CARLTON L.**

Street Address (P.O. Box Number is Not Acceptable)
RR 3 BOX 318

City **MAYO**

FL

Zip Code
32066

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

Carlton L Black

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-23-02

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 **D** ☐ Delete
NAME **BLACK, CARLTON L**
STREET ADDRESS **RR 3 BOX 318**
CITY-ST-ZIP **MAYO FL 32066**

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

TITLE **D** ☐ Delete
NAME **SESSIONS, LEWIS B**
STREET ADDRESS **P.O. BOX 248 HB N/A**
CITY-ST-ZIP **MAYO FL**

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

TITLE **D** ☒ Delete
NAME **ATWELL, WILLIAM T**
STREET ADDRESS **PO BOX 367**
CITY-ST-ZIP **MAYO FL 32066**

TITLE **D** ☒ Change ☐ Addition
NAME **CALHOUN, WAYMON**
STREET ADDRESS **R.R 2 BOX 2025**
CITY-ST-ZIP **MAYO, FL 32066**

TITLE **PC** ☒ Delete
NAME **HIRON, WILLIAM J**
STREET ADDRESS **P O BOX 305**
CITY-ST-ZIP **MAYO FL 32066**

TITLE **PC** ☒ Change ☐ Addition
NAME **HORTON, JOHN D.**
STREET ADDRESS **RR #1 BOX 736**
CITY-ST-ZIP **MAYO, FL 32066**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

Carlton L Black

4-23-02

386-294-2918

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)