

2000 UNIFORM BUSINESS REPORT (UBR)

5/2

FILED
Jul 21, 2000 8:00 am
Secretary of State

05-22-2000 90052 023 ****61.25

DOCUMENT # N34046

1. Entity Name

AMERICAN LEGION POST 171, ROBERT L. COLEMAN, INC

Principal Place of Business

1814 NORTH 21ST STREET
 FT. PIERCE FL 34950

Mailing Address

P.O. BOX 1791
 FORT PIERCE FL 34954-1791

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

59-6200409

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

JAMES A. WILLIAMS
 4007 AVE M
 FT. PIERCE FL 34947

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

James A. Williams (Adjutant)

April 29, '00

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	D	<input type="checkbox"/> Delete
NAME	HINES, FRANK	
STREET ADDRESS	1607 NORTH 15TH STREET	
CITY-ST-ZIP	FT. PIERCE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	JACKSON, EDWARD L.	
STREET ADDRESS	111 NW LIMA COURT	
CITY-ST-ZIP	FT. PIERCE FL 34983	
TITLE	D	<input type="checkbox"/> Delete
NAME	JACKSON, LORENZO	
STREET ADDRESS	2402 AVE	
CITY-ST-ZIP	FT. PIERCE FL 34950	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROLLE, WILLIAM	
STREET ADDRESS	1286 SW MAPELWOOD DR	
CITY-ST-ZIP	PORT ST LUCIE FL 34986	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MCFOLLEY, DENNIS	
STREET ADDRESS	P.O. BOX 12136 N/A	
CITY-ST-ZIP	FT. PIERCE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	STEVENS, JOHN	
STREET ADDRESS	203 N. 27TH STREET	
CITY-ST-ZIP	FT. PIERCE FL	

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	ADJUTANT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JAMES A. WILLIAMS	
STREET ADDRESS	4007 AVE M	
CITY-ST-ZIP	FT. PIERCE, FL 34947	
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: *James A. Williams*

SIGNATURE REQUIRED *James A. Williams*

4-29-00

Date

Daytime Phone #

(561) 465-1572

CR2E037 (9/99)