

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 29, 2002 8:00 am
Secretary of State

01-29-2002 90019 002 ****61.25

DOCUMENT # N34046

1. Entity Name

AMERICAN LEGION POST 171, ROBERT L. COLEMAN, INC

Principal Place of Business

Mailing Address

1814 NORTH 21ST STREET
FT. PIERCE FL 34950

P.O. BOX 1791
FORT PIERCE FL 34954

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 GENERAL S. PLATT
Street Address (P.O. Box Number is Not Acceptable)
10 VIRGINIA PARK BLVD
City FT. PIERCE FL Zip Code 34947

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 General S. Platt GENERAL S. PLATT Commander 1-14-02
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 checked="" type="checkbox"/> Delete
NAME	HINES, FRANK	
STREET ADDRESS	1607 NORTH 15TH STREET	
CITY-ST-ZIP	FT. PIERCE FL	
TITLE	D	<input checked="" 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	PLATT, GENERAL S.	
STREET ADDRESS	P.O. BOX 12136	
CITY-ST-ZIP	FT. PIERCE FL 34979-2136	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LATIMER, ERNEST J JR	
STREET ADDRESS	2305 MATANZAS AVE	
CITY-ST-ZIP	FORT PIERCE FL 34946	
TITLE	A	<input checked="" type="checkbox"/> Delete
NAME	WILLIAMS, JAMES A	
STREET ADDRESS	4007 AVE M	
CITY-ST-ZIP	FORT PIERCE FL 34947	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	THOMAS, SHERMAN L	
STREET ADDRESS	1706 N. 15TH STREET	
CITY-ST-ZIP	FORT PIERCE FL 34950	

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAN A. MORRIS	
STREET ADDRESS	1047 W 17th ST	
CITY-ST-ZIP	RIVIERA BEACH, FL 33404	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEON E. BARNWELL	
STREET ADDRESS	338 7th CT SW	
CITY-ST-ZIP	VERO BEACH, FL 32962	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jimmie L. FOWLER	
STREET ADDRESS	363 SW 7th CT.	
CITY-ST-ZIP	VERO BEACH, FL 32962	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANTHONY L. PETERS	
STREET ADDRESS	749 NW KINGSTON ST.	
CITY-ST-ZIP	PORT ST. LUCIE, FL 34983	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDDIE L. DAVIS	
STREET ADDRESS	3503 AVE. S	
CITY-ST-ZIP	FORT PIERCE, FL 34947-5642	

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: General S. Platt GENERAL S. PLATT 1-14-02 460-2224
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)