

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 10, 2003 8:00 am
Secretary of State

01-10-2003 90206 035 ****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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☒ CHECK HERE IF MAKING CHANGES

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

**GENERAL, ~~PLATT~~ S
10 VIRGINIA PARK BLVD
FT. PIERCE FL 34947**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **GENERAL S. PLATT: COMMANDER**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

General S. Platt 1-7-03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **MORRIS, DAN A**
STREET ADDRESS **1047 W 17TH ST**
CITY-ST-ZIP **RIVERA BEACH FL 33404**

TITLE **D** ☐ Delete
NAME **BARNWELL, LEON E**
STREET ADDRESS **338 7TH CT SW**
CITY-ST-ZIP **VERO BEACH FL 32962**

TITLE **D** ☐ Delete
NAME **PLATT, GENERAL S**
STREET ADDRESS **P.O. BOX 12136**
CITY-ST-ZIP **FT. PIERCE FL 34979-2136**

TITLE **D** ☒ Delete
NAME **FOWLER, JIMMIE L**
STREET ADDRESS **363 SW 7TH CT**
CITY-ST-ZIP **VERO BEACH FL 32962**

TITLE **A** ☐ Delete
NAME **PETERS, ANTHONY L**
STREET ADDRESS **749 NW KINGSTON ST**
CITY-ST-ZIP **PORT SAINT LUCIE FL 34983**

TITLE **D** ☐ Delete
NAME **DAVIS, EDDIE L**
STREET ADDRESS **3503 AVE S**
CITY-ST-ZIP **FORT PIERCE FL 34947-5642**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE ☐ Change ☒ Addition
NAME **THOMAS CLEMONS**
STREET ADDRESS **1710 ARIZONA AVE.**
CITY-ST-ZIP **FT. PIERCE, FL 34982**

TITLE ☐ Change ☐ Addition
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: **General S. Platt**

1-7-03

CR2E037 (10/02)