

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 07, 2002 8:00 am**  
**Secretary of State**

0027067

**DOCUMENT # N35952**

1. Entity Name

**POST OFFICE POST NO 311 THE AMERICAN LEGION, INC**

02-07-2002 90309 016 \*\*\*\*61.25

Principal Place of Business

Mailing Address

C/O STANLEY GOLD  
 11395 SW 109TH RD.. APT. #W  
 MIAMI FL 33176

C/O STANLEY GOLD  
 11395 SW 109TH RD.. APT. #W  
 MIAMI FL 33176

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3620065**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**GOLD, STANLEY**  
**11395 SW 109 RD., APT. #W**  
**MIAMI FL FL 33176**

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 PD  Delete  
 NAME GOLD, STANLEY M  
 STREET ADDRESS 11395 SW 109 RD #W  
 CITY-ST-ZIP MIAMI FL 33176

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE VD  Delete  
 NAME SNODRESS, HOWARD  
 STREET ADDRESS 8470 S.W. 185TH TERRACE  
 CITY-ST-ZIP MIAMI FL

TITLE  Change  Addition  
 NAME ~~SNODRESS~~  
 STREET ADDRESS ~~SAODRESS~~  
 CITY-ST-ZIP = 33157

TITLE DT  Delete  
 NAME SMITH, HAROLD T  
 STREET ADDRESS 8952 SW 127 TERR  
 CITY-ST-ZIP MIAMI FL 33176

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

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: Stanley M Gold  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/02 305-271-7727  
 Date Daytime Phone #

CF2E037 (9/01)