

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N36081

1. Entity Name

CHRIS GADSON POST #204, AMERICAN LEGION, INC.

FILED
Apr 07, 2000 8:00 am
Secretary of State

04-07-2000 90026 043 ****61.25

Principal Place of Business Mailing Address
531 SOUTH MARTIN LUTHER KING BLVD. 531 SOUTH MARTIN LUTHER KING BLVD.
DAYTONA BEACH FL 32114 DAYTONA BEACH FL 32114-5227



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-2002450		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
BEVERLY, REGINALD C 6213 KLONDIKE DR PT ORANGE FL 32127				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	DT	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BEVERLY, REGINALD C			NAME			
STREET ADDRESS	6213 KLONDIKE DR			STREET ADDRESS			
CITY-ST-ZIP	PORT ORANGE FL			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WILLIAMS, JAMES			NAME			
STREET ADDRESS	537 HEINEMAN ST			STREET ADDRESS			
CITY-ST-ZIP	DAYTONA BEACH FL 32114			CITY-ST-ZIP			
TITLE	DC	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	EDWARDS, CARNELL			NAME			
STREET ADDRESS	340 NORTH CAROLINE ST			STREET ADDRESS			
CITY-ST-ZIP	DAYTONA BEACH FL			CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	DE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MORRIS, LINDSEY			NAME	STAPLES, LEROY JR.		
STREET ADDRESS	747 LOTUS LANE			STREET ADDRESS	624 LOOMIS AVENUE		
CITY-ST-ZIP	DAYTONA BEACH FL 32114			CITY-ST-ZIP	DAYTONA BEACH, FL 32114		
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BROOKS, HERMAN			NAME			
STREET ADDRESS	535 1/2 OAK STREET			STREET ADDRESS			
CITY-ST-ZIP	DAYTONA BEACH FL			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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 another like empowered.

SIGNATURE: REGINALD C. BEVERLY APRIL 3, 2000 904-322-0921
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)