

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N49497

1. Entity Name

AMERICAN LEGION POST 332 KENNEDY SPACE CENTER, F

Principal Place of Business

Mailing Address

P.O. BOX 21213
KENNEDY SPACE CENTER FL 32899

P.O. BOX 21213
KENNEDY SPACE CENTER FL 32899-0001

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

59-3242340

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

RODERICK, JOAQUIM M
22 EMERALD COURT
SATELLITE BEACH FL 32937

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	D	<input type="checkbox"/> Delete
NAME	KORB, FLOYD A	
STREET ADDRESS	610 JANICE CT	
CITY-ST-ZIP	MERRITT ISLAND FL 32952	
TITLE	D	<input type="checkbox"/> Delete
NAME	FLAVIN, MARY E	
STREET ADDRESS	125 ROSEWOOD DR	
CITY-ST-ZIP	COCOA FL 32926	
TITLE	D	<input type="checkbox"/> Delete
NAME	TROXEL, JOHN F	
STREET ADDRESS	1201 KILLARNEY CT	
CITY-ST-ZIP	ROCKLEDGE FL 32956	
TITLE	D	<input type="checkbox"/> Delete
NAME	VIRATA, MANUEL R.	
STREET ADDRESS	1660 N. BANANA RIVER DR.	
CITY-ST-ZIP	MERRITT ISLAND FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	RODERICK, JOAQUIM M	
STREET ADDRESS	22 EMERALD CT.	
CITY-ST-ZIP	SATELLITE BCH. FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BROWN, GARVIS	
STREET ADDRESS	1440 N BELFORD COURT	
CITY-ST-ZIP	MERRITT ISLAND 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		
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CITY-ST-ZIP		
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: *Mary E Flavin*
MARY E FLAVIN, ADJUTANT POST 332

2-16-00

321-631-4439

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)