2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with

SIGNATURE:

Idress, with all other like empoyered.

FILED DOCUMENT # **N50062** Apr 20, 2000 8:00 am Secretary of State 1. Entity Name BERT HODGE POST #45 AMERICAN LEGION, INC. 04-20-2000 90075 014 ****61.25 Principal Place of Business Mailing Address PO BOX 5 316 OSCEOLA ST PALATKA FL 32178-0005 PALATKA FL 32177 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number City & State Applied For 59-6200800 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent TUBMAN, VINCENT A JR HC 1, BOX 2132 SATSUMA FL 32189 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) 9. Election Campaign Financing Make Check Pavable to FILE NOW: \$5.00 May Be Trust Fund Contribution. FEE IS \$61.25 Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. TITLE ☐ Delete TITLE LGORE, BAYMOND SR KILGORE, RAYMOND SR NAME NAME 200 JAMES ST STREET ADDRESS 615 ST JOHNS AVENUE STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP PALATKA-FL ☐ Addition TITLE Delete TITLE Change TODD, EDGAR F NAME STREET ADDRESS 207 CITRA DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PALATKA FL TITLE Delete TITLE Change Addition lester, John Q NAME RT 3, BOX 1244 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SATSUMA FL ☐ Delete TITLE Change ☐ Addition TOBMAN, VINCENT A. JE TUBMAN, VINCENT A JR STREET ADDRESS 103 CONNECTICUT AVENUE STREET ADDRESS HC1, BOX 2132 CITY-ST-ZIP CITY-ST-ZIP SATSUMA, FL. 32189 SATSUMA FL 32189 ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 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

VINCENT A. TIBYAN JR 4/