

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N51271

1. Entity Name

WALKER BROWNING POST 102, INC. THE AMERICAN LEGI

Principal Place of Business

308 MAIN STREET
HASTINGS FL 32145

Mailing Address

P.O. BOX 924
HASTINGS FL 32145-0924

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-6151005

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

STEVENS, THOMAS W
8270 SMITH STREET
HASTINGS FL 32145

7. Name and Address of New Registered Agent

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

TITLE	C	<input type="checkbox"/> Delete
NAME	STEVENS, THOMAS W.	
STREET ADDRESS	8270 SMITH ROAD	
CITY-ST-ZIP	HASTINGS FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	WRIGHT, JAMES	
STREET ADDRESS	102 EAST LATIN STREET	
CITY-ST-ZIP	HASTINGS FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HERRON, WILLIAM	
STREET ADDRESS	10010 WEST DEEP CREEK BOULEVARD	
CITY-ST-ZIP	HASTINGS FL 32145	
TITLE	D	<input type="checkbox"/> Delete
NAME	STANTON, CARLOS	
STREET ADDRESS	111 LATTIN STREET	
CITY-ST-ZIP	HASTINGS FL 32145	
TITLE	C	<input type="checkbox"/> Delete
NAME	BOUTHILETTE, GEORGE F	
STREET ADDRESS	400 FLAGLER ESTATE BOULEVARD	
CITY-ST-ZIP	HASTINGS FL 32145	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
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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		

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:

Thomas W. Stevens **THOMAS W. STEVENS**

Jan 25, 2000 904-692-1756

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 29, 2000 8:00 am
Secretary of State

01-29-2000 90137 005 ****61.25



DO NOT WRITE IN THIS SPACE