

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N51271

1. Entity Name

WALKER BROWNING POST 102, INC. THE AMERICAN LEGI  
ON

Principal Place of Business

Mailing Address

308 MAIN STREET  
HASTINGS FL 32145

P.O. BOX 924  
HASTINGS FL 32145

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 59-6151005

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

STEVENS, THOMAS W  
8270 SMITH STREET  
HASTINGS FL 32145

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 ☐ Delete  
NAME STEVENS, THOMAS W.  
STREET ADDRESS 8270 SMITH ROAD  
CITY-ST-ZIP HASTINGS FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME WRIGHT, JAMES  
STREET ADDRESS 102 EAST LATIN STREET  
CITY-ST-ZIP HASTINGS FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME STANTON, CARLOS  
STREET ADDRESS 111 LATTIN STREET  
CITY-ST-ZIP HASTINGS FL 32145

TITLE ☒ Change ☐ Addition  
NAME STANTON, C. Charles  
STREET ADDRESS 111 West Lattin Street  
CITY-ST-ZIP Hastings, FL 32145

TITLE C ☐ Delete  
NAME BOUTHILLETTE, GEORGE F  
STREET ADDRESS 400 FLAGLER ESTATE BOULEVARD  
CITY-ST-ZIP HASITNGS FL 32145

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: SIGNATURE OF C. CHARLES STANTON

C. Charles Stanton

904-692-1758

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)