

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000000512

1. Entity Name

AMERICAN LEGION CEMETERY CORPORATION

Principal Place of Business

3810 WEST KENNEDY BLVD.
TAMPA FL 33609

Mailing Address

~~3810 WEST KENNEDY BLVD.~~
~~TAMPA FL 33609~~

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

4510 S. GRADY AVE

Suite, Apt. #, etc.

City & State

Zip

Country

City & State

TAMPA FLORIDA

Zip

33611-2217

Country

HELLBOROUGH

4. FEI Number

59-3243962

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JOHNSON, TOM J JR
3321 CYPRESS STREET
TAMPA FL 33607-5005

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 NAME STREET ADDRESS CITY-ST-ZIP	VD JOHNSON, TOM J 3321 CYPRESS ST TAMPA FL 33607	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HALL, DANIEL W 3914 OKLAHOMA ST TAMPA FL 33616	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ARNOLD, SARA L 3626 GARDENIA ST TAMPA FL 33611	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HANDSCHY, GLEN G 3813 W ROGERS AVE TAMPA FL 33611	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NORES, AGNES D 3818 SANTIAGO ST TAMPA FL 33629	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SPRINGSTON, HERBERT R. 4510 S. GRADY AVE. TAMPA FL 33611	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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]*

2-15-02 870-0505

FILED
Feb 27, 2002 8:00 am
Secretary of State

02-27-2002 90076 030 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)