

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000002755

1. Entity Name

AMERICAN LEGION LAKESHORE POST 137 INC.

FILED
Sep 06, 2000 8:00 am
Secretary of State

09-06-2000 90092 008 ****61.25

Principal Place of Business

5443 SAN JUAN AVENUE
JACKSONVILLE FL 32210

Mailing Address

5443 SAN JUAN AVENUE
JACKSONVILLE FL 32210

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

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

COOPER, CHARLES G SR
5443 SAN JUAN AVE.
JACKSONVILLE FL 32210

7. Name and Address of New Registered Agent

Name

BONNIE B. BLANTON

Street Address (P.O. Box Number is Not Acceptable)

5443 SAN JUAN AVENUE

JACKSONVILLE, FL 32210

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 Bonnie B. Blanton
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9-1-00

FILE NOW: FEE IS \$61.25
After September 13, 2000 min. will be \$236.25

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

T
HOFFMAN, JAMES E
314 WARTON ST
JACKSONVILLE FL

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

T
PHILLIPS, LLYOD A
5339 REDRAC ST
JACKSONVILLE FL

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

2 T
GADD, DAVID M
8076 KATHY ST
JACKSONVILLE FL 32221

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6 T
COMPTON, JOHN R
5343 LEXINGTON AVE
JACKSONVILLE FL

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1 T
WHITCOMB, PHILIP A
5236 MARLENE AVE
JACKSONVILLE FL 32210

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3
JOHN R. COMPTON
5328 SHIRLEY STREET
JACKSONVILLE, FL 32210

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4
EARNEST E. NILES
4349 PALMER AVENUE
JACKSONVILLE, FL 32210-1582

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5
C. LAMAR CANNON
1912 HAMILTON STREET
JACKSONVILLE, FL 32210

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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:

Bonnie B. Blanton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

9-1-00

Daytime Phone #

CR2E037 (5/00)