

# 2001 UNIFORM BUSINESS REPORT (UBR)

2/5

**FILED**  
**Mar 06, 2001 8:00 am**  
**Secretary of State**

02-05-2001 90012 010 \*\*\*\*61.25

**DOCUMENT # N94000002755**

1. Entity Name

**AMERICAN LEGION LAKESHORE POST 137 INC.**

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**John R. Compton  
5443 SAN JUAN AVE.  
JACKSONVILLE FL 32210**

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 ☒ Delete  
NAME **HOFFMAN, JAMES E**  
STREET ADDRESS **314 WARTON ST**  
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE ☐ Change ☒ Addition  
NAME **WHITCOMB, PHILIP A.**  
STREET ADDRESS **5236 MARLENE AVE.**  
CITY-ST-ZIP **JACKSONVILLE, FL 32210**

TITLE ☒ Delete  
NAME **PHILLIPS, LLOYD A**  
STREET ADDRESS **5339 REDRAC ST**  
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE ☐ Change ☒ Addition  
NAME **GADD, DAVID M.**  
STREET ADDRESS **8076 KATHY ST.**  
CITY-ST-ZIP **JACKSONVILLE, FL 32221**

TITLE ☒ Delete  
NAME **GADD, DAVID M**  
STREET ADDRESS **8076 KATHY ST**  
CITY-ST-ZIP **JACKSONVILLE FL 32221**

TITLE ☐ Change ☒ Addition  
NAME **JOHN R. COMPTON**  
STREET ADDRESS **5328 SHIRLEY AVE.**  
CITY-ST-ZIP **JACKSONVILLE, FL 32210**

TITLE ☒ Delete  
NAME **COMPTON, JOHN R**  
STREET ADDRESS **5343 LEXINGTON AVE**  
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE ☐ Change ☒ Addition  
NAME **EARNEST E. NILES**  
STREET ADDRESS **4349 PALMER AVE.**  
CITY-ST-ZIP **JACKSONVILLE, FL 32210**

TITLE ☒ Delete  
NAME **WHITCOMB, PHILIP A**  
STREET ADDRESS **5236 MARLENE AVE**  
CITY-ST-ZIP **JACKSONVILLE FL 32210**

TITLE ☐ Change ☒ Addition  
NAME **C. LAMAR CANNON**  
STREET ADDRESS **1912 HAMILTON ST.**  
CITY-ST-ZIP **JACKSONVILLE, FL 32210**

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 REQUIRED**

*C. L. Cannon*

Date

**2/23/01**

Daytime Phone #

**904-403-4678**

CR2037 (10/00)