

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State

04-12-2001 90008 044 ****61.25

DOCUMENT # N95000005034

1. Entity Name

THE ROYAL BRITISH LEGION, THE 1ST FLORIDA BRANCH

Principal Place of Business

2206 NW 39TH AVE
COCONUT CREEK FL 33066
US

Mailing Address

2206 NW 39TH AVE
COCONUT CREEK FL 33066
US

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

65-0637814

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

LOW, GEORGE R
2206 NW 39TH AVE
COCONUT CREEK FL 33066

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 \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	P/TR	<input checked="" type="checkbox"/> Delete
NAME	YOUNG, ALAN H	
STREET ADDRESS	70 ANN LEE LANE	
CITY-ST-ZIP	TAMARAC FL 33319	

TITLE	VSTR	<input checked="" type="checkbox"/> Delete
NAME	HEATON-JONES, BRIAN	
STREET ADDRESS	1453 NW 10TH STREET	
CITY-ST-ZIP	DANIA FL 33004	

TITLE	T/TR	<input type="checkbox"/> Delete
NAME	LOW, GEORGE R	
STREET ADDRESS	2206 NW 39TH AVENUE	
CITY-ST-ZIP	COCONUT CREEK FL 33066	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOMFORD, DOUGLAS	
STREET ADDRESS	8611 BRIDLE PATH COURT	
CITY-ST-ZIP	DANIE, FL 33328	

TITLE	CHAIRMAN	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HUMPHRIES, BRIAN	
STREET ADDRESS	16884 ROYAL POINCIANA DR.	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33326	

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
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)(l), 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 LOW

4/4/01

(954) 484-9339

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)