2001 UNIFORM BUSINESS REPORT (UBR) FILED Mar 01, 2001 8:00 am DOCUMENT # N9600001932 **Secretary of State** ROBERT H. L. DABNEY POST 192, THE AMERICAN LEGION 03-01-2001 90043 004 ****70.00 Principal Place of Business Mailing Address 3130 MARTIN LUTHER KING BLVD. 3130 MARTIN LUTHER KING BLVD. FORT MYERS FL, 33916 040111 FORT MYERS FL, 339/6 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0701296 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Charles E. Henry, Sr. Street Address (P.O. Box Number is Not Acceptable) DUCREE, DAVID 2318 TOWLES STREET 2980 Meadow Avenue FORT MYERS FL 33916 City Fort Myers Zip Code 33<u>901</u> 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. Charles E. Henry, Sr. (NOTE: Registered Agent signature required when reinstating) FILE NOW: 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution FEE IS \$61.25 Added to Fees **Department of State** 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITLE Addition DUCREE, DAVID NAME NAME Henry, Charles E., Sr. STREET ADDRESS 2318 TOWLES STREET STREET ADDRESS 2980 Meadow Avenue CITY-ST-ZIP FORT MYERS FL 33916 CITY-ST-7IP Fort Myers, FL 33901 TITLE Delete TITLE A Change ☐ Addition VP, D CHANCEY, JACK NAME Ducree, David STREET ADDRESS 840 ZANA DRIVE STREET ADDRESS 2318 Towles Street Fort Myers, FL 33916 CITY-ST-71P FORT MYERS FL 33905 CITY-ST-ZIP TITLE X Delete S, D TITLE Change X Addition NAME GIBBS, FLOYD NAME Taylor, Joseph STREET ADDRESS 2966 SAINT CHARLES STREET STREET ADDRESS 2 Castle Bar Circle CITY-ST-ZIP FORT MYERS FL 33916 CITY-ST-ZIP Fort Myers, FL 33905 TITLE ☐ Delete TITLE T, D ☐ Change Addition NAME NAME McClain, Robert STREET ADDRESS STREET ADDRESS 3409 W. 15th Street CITY-ST-ZIP CITY-ST-7IP Lehigh Acres, FL 33971 TITLE ☐ Delete TITLE Change **★** Addition NAME NAME Anfield, Wilson, II STREET ADDRESS STREET ADDRESS 608 El Dorado Parkway, SE CITY-ST-ZIF CITY-ST-ZIP Cape Coral, FL 33904 TITLE □ Delete 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 attac Anneat with an address, with all other like empowered

STREET ADDRESS

CITY-ST-ZIP

NAME

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

€. 10 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR