

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000001932

1. Entity Name

ROBERT H. L. DABNEY POST 192, THE AMERICAN LEGIO
N, INC.

Principal Place of Business

Mailing Address

3130 MARTIN LUTHER KING BLVD.
FORT MYERS FL 33916

3130 MARTIN LUTHER KING BLVD.
FORT MYERS FL 33916

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 65-0701296

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

HENRY, CHARLES E SR.
2980 MEADOW AVENUE
FORT MYERS FL 33901

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 D ☒ Delete
NAME DUCREE, DAVID
STREET ADDRESS 2318 TOWLES STREET
CITY-ST-ZIP FORT MYERS FL 33916

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

TITLE VPD ☐ Delete
NAME DUCREE, DAVID
STREET ADDRESS 2318 TOWLES STREET
CITY-ST-ZIP FORT MYERS FL 33916

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

TITLE SD ☐ Delete
NAME TAYLOR, JOSEPH-
STREET ADDRESS 2 CASTLE VAR CIRCLE
CITY-ST-ZIP FORT MYERS FL 33905

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

TITLE PD ☐ Delete
NAME HENRY, CHARLES E SR.
STREET ADDRESS 2980 MEADOW AVENUE
CITY-ST-ZIP FORT MYERS FL 33901

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

TITLE TD ☐ Delete
NAME MCCLAIN, ROBERT
STREET ADDRESS 3409 W 15TH STREET
CITY-ST-ZIP LEHIGH ACRES FL 33971

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

TITLE D ☒ Delete
NAME ANFIELD, WILSON II
STREET ADDRESS 608 EL DORADO PKWY SE
CITY-ST-ZIP CAPE CORAL FL 33904

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE OF CHARLES E. HENRY SR.

1/27/02

Date

1-334-7091

Daytime Phone #

CR2E037 (9/01)

FILED
Feb 13, 2002 8:00 am
Secretary of State

02-13-2002 90237 030 ****61.25



DO NOT WRITE IN THIS SPACE