

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000005920

1. Entity Name

AMERICAN LEGION POST 50, INC.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90064 001 ****61.25

Principal Place of Business

Mailing Address

142 BOYNTON BLVD.
 DAYTONA BEACH FL 32118

P.O. BOX 2512
 DAYTONA BEACH FL 32115-2512

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-6200696

Applied For

Not Applicable

Zip

Country

Zip

Country

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

WITT, ROBERT A
 142 BOYNTON BLVD.
 DAYTONA BEACH FL 32118

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 PD ☒ Delete
 NAME LITTLE, RICHARD R
 STREET ADDRESS 331 RIDGEWOOD
 CITY-ST-ZIP HOLLYHILL FL 32114-1052

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

TITLE VD ☐ Delete
 NAME BLAIS, GILLES
 STREET ADDRESS 710 MAGNOLIA AVE
 CITY-ST-ZIP HOLLY HILL FL 32117

TITLE PD ☒ Change ☐ Addition
 NAME BLAIS, GILLES
 STREET ADDRESS 710 MAGNOLIA AVE
 CITY-ST-ZIP HOLLY HILL FL 32117

TITLE STD ☐ Delete
 NAME WITT, ROBERT A
 STREET ADDRESS 142 BOYNTON BLVD
 CITY-ST-ZIP DAYTONA BEACH FL 32116-7128

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

TITLE VD ☐ Delete
 NAME ROSENBERGER, WILLIAM
 STREET ADDRESS 1282 MONTICELLO DR
 CITY-ST-ZIP DAYTONA BCH FL 32119

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-22-00 (904) 258 6188

CR2E037 (9/99)