

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000005920

1. Entity Name

AMERICAN LEGION POST 50, INC.

Principal Place of Business

142 BOYNTON BLVD.
DAYTONA BEACH FL 32118

Mailing Address

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

2. Principal Place of Business

710 MAGNOLIA AVE

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HOLLY HILL FL

City & State

HOLLY HILL FL

Zip

32117

Country

USA

Zip

Country

4. FEI Number

59-6200696

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

GILLES BLAIS

Street Address (P.O. Box Number is Not Acceptable)

710 MAGNOLIA AVE

City

HOLLY HILL

FL

Zip Code

32117

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

4-20-02

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

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

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

TITLE VD
NAME TIFFANY, ROGER LEE ☐ Delete
STREET ADDRESS 1321 DERBYSHIRE RD
CITY-ST-ZIP DAYTONA BEACH FL 32117

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
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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 #

4-20-02 386 252 2683

80090966



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)