

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000005220

*-Entity Name

MEMORIAL POST NO. 241, INC. THE AMERICAN LEGION,

FILED
Apr 12, 2001 8:00 am
Secretary of State

04-12-2001 90181 032 ****61.25

0084678

Principal Place of Business

2101 LEGION ROAD
SNEADS FL 32460

Mailing Address

P.O. BOX 671
SNEADS FL 32460

00000010



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-6200371

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

POPE, RODERICK
BOX 671
1690 GULF POWER RD.
SNEADS FL 32460

Name **GEORGE W. JOHNSON**

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

2167 MOHAWK TR.

City

SNEADS, FL.

FL

Zip Code

32460

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

George W Johnson

April 10, 2001

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 **AD** ☒ Delete
NAME **JOHNSON, GEORGE**
STREET ADDRESS **2167 MOHAWK TRAIL**
CITY-ST-ZIP **SNEADS FL 32460**

TITLE **AD** ☒ Change ☐ Addition
NAME **POPE, RODERICK**
STREET ADDRESS
CITY-ST-ZIP **SNEADS, FL. 32460**

TITLE **FOD** ☐ Delete
NAME **KILPATRICK, DILLON**
STREET ADDRESS **2250 KILPATRICK LANE**
CITY-ST-ZIP **SNEADS FL 32460**

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

TITLE **T** ☐ Delete
NAME **DICKSON, C.A.**
STREET ADDRESS **1926 INWOOD ROAD**
CITY-ST-ZIP **GRAND RIDGE FL 32442**

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

TITLE **T** ☐ Delete
NAME **CHARLES, B.E.**
STREET ADDRESS **1934 GLOSTER AVENUE**
CITY-ST-ZIP **SNEADS FL 32460**

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

TITLE **T** ☐ Delete
NAME **BROCK, HERBERT**
STREET ADDRESS **BOX 759, 1970 GLOSTER AVE**
CITY-ST-ZIP **SNEADS FL 32460**

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)(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:

George W Johnson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

850-593-1278

Apr 10, 2001

CR2E037 (10/00)