

2002 UNIFORM BUSINESS REPORT (UBR)

2/

FILED

Apr 24, 2002 8:00 am
Secretary of State

02-26-2002 90137 025 ****61.25

DOCUMENT # N98000005220

1. Entity Name

MEMORIAL POST NO. 241, INC. THE AMERICAN LEGION,
DEPARTMENT OF FLORIDA

Principal Place of Business

Mailing Address

2101 LEGION ROAD
SNEADS FL 32460

P.O. BOX 671
SNEADS FL 32460

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

59-6200371

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

JOHNSON, GEORGE W.
2167 MOHAWK TRAIL
SNEADS FL 32460

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 AD
NAME FOBE, RODERICK ☒ Delete
STREET ADDRESS 2167 MOHAWK TRAIL
CITY-ST-ZIP SNEADS FL 32460

TITLE AD
NAME EDWARDS, WALTER G. ☒ Change ☐ Addition
STREET ADDRESS P.O. Box 45
CITY-ST-ZIP SNEADS, FL, 32460

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

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

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

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

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

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

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

TITLE T
NAME Johnson George W ☒ Change ☐ Addition
STREET ADDRESS 2167 Mohawk Tr.
CITY-ST-ZIP Sneads, FL, 32460

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 #

CR3E037 (9/01)