

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 16, 2001 8:00 am
Secretary of State

08-16-2001 90011 020 ****61.25

DOCUMENT # N99000001444

1. Entity Name

PENSACOLA BEACH AMERICAN LEGION POST #379, INC.



Principal Place of Business

**P.O. BOX 6218
 GULF BREEZE FL 32561**

Mailing Address

**P.O. BOX 6218
 GULF BREEZE FL 32561**

00061531



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

NOT APPLICABLE

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

**SCRIBNER, GEORGE R
 1176 FINCH DRIVE
 GULF BREEZE FL 32561**

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

8-6-01

FILE NOW: FEE IS \$61.25

After September 12, 2001, min. will be \$236.25

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 NAME	HT STEELE, CHUCK	<input type="checkbox"/> Delete
STREET ADDRESS	214 PANFERIO DRIVE	
CITY-ST-ZIP	GULF BREEZE FL 32561	
TITLE NAME	AD BENNETT, GAY	<input type="checkbox"/> Delete
STREET ADDRESS	3228 SANTA ROSA DRIVE	
CITY-ST-ZIP	GULF BREEZE FL 32561	
TITLE NAME	SOT BRANDON, THOMAS	<input type="checkbox"/> Delete
STREET ADDRESS	1756 ENSENADA TRES	
CITY-ST-ZIP	GULF BREEZE FL 32561	
TITLE NAME	ECCD AUPKUS, KONRAD	<input type="checkbox"/> Delete
STREET ADDRESS	3202 D REDWOOD LANE	
CITY-ST-ZIP	GULF BREEZE FL 32561	
TITLE NAME	ECT LEWIS, BILL	<input type="checkbox"/> Delete
STREET ADDRESS	807 LARGO DRIVE	
CITY-ST-ZIP	GULF BREEZE FL 32561	
TITLE NAME	ECD LOIGNON, CHUCK	<input type="checkbox"/> Delete
STREET ADDRESS	713 MALDONADO DRIVE	
CITY-ST-ZIP	GULF BREEZE FL 32561	

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

George R. Scrivner

8-6-01

CR2E037 (5/01)