

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90141 004 ****61.25

DOCUMENT # 707301

1. Entity Name

FLORIDA GENEALOGICAL SOCIETY, INCORPORATED

Principal Place of Business

Mailing Address

P O BOX 18624
 TAMPA FL 33679

P O BOX 18624
 TAMPA FL 33679-8624

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

59-1768965

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

DELMAR R. CORE
2103 KYRA DR.
TAMPA FL 33612

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:
FEES 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	P	<input type="checkbox"/> Delete
NAME	ARMITAGE, CETA R	
STREET ADDRESS	12101 N DALE MABRY #1515	
CITY-ST-ZIP	TAMPA FL 33618	
TITLE	T	<input type="checkbox"/> Delete
NAME	DELMAR R. CORE	
STREET ADDRESS	2103 KYRA DR	
CITY-ST-ZIP	TAMPA FL -	
TITLE	VP	<input type="checkbox"/> Delete
NAME	PAYNE, JOYCE D	
STREET ADDRESS	3709 HORATIO ST.	
CITY-ST-ZIP	TAMPA FL 33609-3197	
TITLE	D	<input type="checkbox"/> Delete
NAME	WHITECAR, ROBERT A	
STREET ADDRESS	2905 E. 97TH AVE.	
CITY-ST-ZIP	TAMPA FL 33612-8785	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	TOUCHTON, CHARLES E	
STREET ADDRESS	92 ADRIATIC AVE.	
CITY-ST-ZIP	TAMPA FL 33606-3306	
TITLE	D	<input type="checkbox"/> Delete
NAME	BYRD, HELEN N	
STREET ADDRESS	4119 CORONA ST	
CITY-ST-ZIP	TAMPA FL 33629	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *DELMAR R. CORE*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DELMAR R. CORE

4/14/00 (813) 935-4264
 Date Daytime Phone #

CR2F037 (9/99)