

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2002 8:00 am
Secretary of State

0073340

DOCUMENT # 707301

1. Entity Name

FLORIDA GENEALOGICAL SOCIETY, INCORPORATED

03-20-2002 90054 027 ****61.25

Principal Place of Business

Mailing Address

**P O BOX 18624
 TAMPA FL 33679**

**P O BOX 18624
 TAMPA FL 33679**



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

59-1768965

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

**DELMAR R. CORE
 2103 KYRA DR.
 TAMPA FL 33612**

Name **William H. H. Hoedt**

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

202 West Lutz - Lake Fern Road

City **Lutz**

FL

Zip Code **33548-4202**

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

William H. H. Hoedt

William H. H. HOEDT, Treasurer

15 FEB 2002

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 NAME **P PEELER, SCOTT L JR** Delete
 STREET ADDRESS **433 SUMMIT CRASE DR**
 CITY-ST-ZIP **VALRICO FL 33595-3841**

TITLE NAME Change Addition
 STREET ADDRESS **33594-3841**

TITLE NAME **DELMAR R. CORE** Delete
 STREET ADDRESS **2103 KYRA DR**
 CITY-ST-ZIP **TAMPA FL 33612-5053**

TITLE NAME **William H. H. HOEDT** Change Addition
 STREET ADDRESS **202 West Lutz - Lake Fern Road**
 CITY-ST-ZIP **Lutz, FL 33548-4202**

TITLE NAME **VP ARMITAGE, CETA R** Delete
 STREET ADDRESS **12101 N. DALE MABRY #1515**
 CITY-ST-ZIP **TAMPA FL 33618-3308**

TITLE NAME **V.P. Muriel BRADLEY** Change Addition
 STREET ADDRESS **804 De Leon Street, West**
 CITY-ST-ZIP

TITLE NAME **D WHITECAR, ROBERT A** Delete
 STREET ADDRESS **2905 E. 97TH AVE.**
 CITY-ST-ZIP **TAMPA FL 33612-8765**

TITLE NAME **D. Ruth ELESON** Change Addition
 STREET ADDRESS **4212 Culbreath Avenue**
 CITY-ST-ZIP **Tampa, Florida 33609-4339**

TITLE NAME **D BYRD, HELEN N** Delete
 STREET ADDRESS **4119 CORONA ST**
 CITY-ST-ZIP **TAMPA FL 33629-8504**

TITLE NAME **D. Trevetta WUNDERLIN** Change Addition
 STREET ADDRESS **2013 Curry Road**
 CITY-ST-ZIP **Lutz, Florida 33549-3706**

TITLE NAME **D JANIGA, MARY ANN** Delete
 STREET ADDRESS **234 COLUMBIA DR.**
 CITY-ST-ZIP **TAMPA FL 33606-3773**

TITLE NAME **D. Linda NEAL** Change Addition
 STREET ADDRESS **6608 Mabole Place**
 CITY-ST-ZIP **Temple Terrace, Florida 33617-3830**

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.

15 FEB 2002

SIGNATURE:

William H. H. Hoedt, Treasurer

William H. H. HOEDT

(813) 949-1937

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)