

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **727200**

1. Entity Name

DEERFIELD BEACH HISTORICAL SOCIETY INC

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90187 001 ****61.25

Principal Place of Business "BUTLER HOUSE" 390 E HILLSBORO BLVD DEERFIELD BCH FL 33441 US	Mailing Address PO BOX 755 DEERFIELD BEACH FL 33443-0755 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 23-7354099	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

MARY O. MOWRY
1351 BANYAN RD.
BOCA RATON FL 33432

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE	VPD	<input type="checkbox"/> Delete
NAME	LEOLA B. BROOKS	
STREET ADDRESS	999 S.W. 18TH ST.	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	WILSON, JUDY	
STREET ADDRESS	328 SE 2ND CT	
CITY-ST-ZIP	DEERFIELD BEACH FL 33441	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	INGATE, JERRY	
STREET ADDRESS	4400 N FEDERAL HWY	
CITY-ST-ZIP	LIGHTHOUSE POINT FL 33064	
TITLE	TD	<input type="checkbox"/> Delete
NAME	STAMM, KATHY	
STREET ADDRESS	460 NW 38TH ST	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE	ED	<input checked="" type="checkbox"/> Delete
NAME	MOWRY, MARY O.	
STREET ADDRESS	1351 BANYAN RD.	
CITY-ST-ZIP	BOCA RATON FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DICK MOWRY	
STREET ADDRESS	1351 BANYAN RD	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KATHI STAMM	
STREET ADDRESS	460 NW 38 TERR	
CITY-ST-ZIP	DEERFIELD BCH FL 33442	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	ED	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DALE ALLEN	
STREET ADDRESS	1341 SE 4 Street	
CITY-ST-ZIP	DEERFIELD BCH FL 33441	
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: SIGNATURE REQUIRED STAMM - PD 4-24-00 954-429-0378
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)