

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 19, 2000 8:00 am**
Secretary of State

04-19-2000 90034 018 ****61.25

DOCUMENT # 740790

1. Entity Name

AMELIA ISLAND MUSEUM OF HISTORY, INC.

Principal Place of Business

**233 S. 3RD ST.
FERNANDINA BEACH FL 32034**

Mailing Address

**233 S. 3RD ST.
FERNANDINA BEACH FL 32034-4210**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1867595

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

**MANN, JEAN D.
2048 OAK MARSH DR.
FERNANDINA BEACH FL 32034**

7. Name and Address of New Registered Agent

Name

DIANE PASIEKA

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

2782 PARK SQUARE PL. E.

City

FERNANDINA BEACH**FL**

Zip Code

32034

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 **DIANE PASIEKA**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/10/00

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

TITLE **P/D** ☐ Delete
NAME **LITTLE, SUSAN**
STREET ADDRESS **1863 OCEAN VILLAGE DRIVE**
CITY-ST-ZIP **FERNANDINA BEACH FL 32034**TITLE **S** ☒ Delete
NAME **GIBSON, VICKI**
STREET ADDRESS **4944 SUMMER BEACH BLVD**
CITY-ST-ZIP **AMELIA ISLAND FL**TITLE **D** ☒ Delete
NAME **ATWOOD, CAROL A**
STREET ADDRESS **1842 TURTLE DUNES**
CITY-ST-ZIP **FERNANDINA BEACH FL 32034**TITLE **TD** ☒ Delete
NAME **MANN, JEAN D.**
STREET ADDRESS **2048 OAK MARSH DR.**
CITY-ST-ZIP **FERNANDINA BCH FL 32034**TITLE **VP** ☒ Delete
NAME **WILLIAMS, JIM**
STREET ADDRESS **4178 LIGHT WIND DR**
CITY-ST-ZIP **AMELIA ISLAND FL**TITLE **D** ☒ Delete
NAME **THOMAS, RICHARD**
STREET ADDRESS **209 S 17TH ST**
CITY-ST-ZIP **FERNANDINA BEACH FL**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VP/D** ☒ Change ☐ Addition
NAME **WILLIAMS, JIM**
STREET ADDRESS **2880 PARK SQUARE PL**
CITY-ST-ZIP **FERNANDINA BEACH, FL 32034**TITLE **S/D** ☒ Change ☐ Addition
NAME **GIBSON, VICKI**
STREET ADDRESS **5 LAUREL OAK RD**
CITY-ST-ZIP **FERNANDINA BEACH, FL 32034**TITLE **T/D** ☐ Change ☒ Addition
NAME **PASIEKA, DIANE**
STREET ADDRESS **2782 PARK SQUARE PL. E.**
CITY-ST-ZIP **FERNANDINA BEACH, FL 32034**TITLE **D** ☒ Change ☐ Addition
NAME **ATWOOD, CAROL ANN**
STREET ADDRESS **436 BEACHSIDE PL**
CITY-ST-ZIP **FERNANDINA BEACH, FL, 32034**TITLE **D** ☐ Change ☒ Addition
NAME **DAVIS, DON**
STREET ADDRESS **4665 GENOA DR**
CITY-ST-ZIP **FERNANDINA BEACH, FL 32034**TITLE **D** ☐ Change ☒ Addition
NAME **HARD, WARREN**
STREET ADDRESS **4966 SUMMER BEACH BLVD**
CITY-ST-ZIP **FERNANDINA BEACH, FL 32034**

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**4/10/00**

Date

(904) 321-0601

Daytime Phone #

CR2E037 (9/99)

cell

#740790
639083

AMELIA ISLAND MUSEUM OF HISTORY INC

D

JONES, BARBARA

39 LONG POINT DR

FERNANDINA BEACH, FL 32034

D

THAMM, SUANNE

404 BROOME ST

FERNANDINA BEACH, FL 32034

D

WILLIAMS, DR CAROLYN

UNF COLLEGE of ARTS AND SCIENCES

4567 ST JOHNS BLUFF RD S

JACKSONVILLE, FL 32224-2664