

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 23, 2001 8:00 am
Secretary of State
 03-23-2001 90035 047 ****70.00

DOCUMENT # 740790

1. Entity Name

AMELIA ISLAND MUSEUM OF HISTORY, INC.

Principal Place of Business

Mailing Address

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

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

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

59-1867595

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

**PASIEKA, DIANE
 2782 PARK SQUARE P.H.E.
 FERNANDINA BEACH FL 32034**

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:
 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 **PD** ☒ Delete
 NAME **LITTLE, SUSAN**
 STREET ADDRESS **1863 OCEAN VILLAGE DRIVE**
 CITY-ST-ZIP **FERNANDINA BEACH FL 32034**

TITLE **ATWOOD, CAROL A P/D** ☒ Change ☐ Addition
 NAME **ATWOOD, CAROL A**
 STREET ADDRESS **436 BEACHSIDE PL**
 CITY-ST-ZIP **FERNANDINA BEACH, FL 32034**

TITLE **SD** ☐ Delete
 NAME **GIBSON, VICKI**
 STREET ADDRESS **5 LAUREL OAK RD**
 CITY-ST-ZIP **FERNANDINA BEACH FL 32034**

TITLE **D** ☒ Change ☐ Addition
 NAME **LITTLE, SUSAN**
 STREET ADDRESS **1863 OCEAN VILLAGE DR**
 CITY-ST-ZIP **FERNANDINA BEACH, FL 32034**

TITLE **D** ☒ Delete
 NAME **ATWOOD, CAROL A**
 STREET ADDRESS **436 BEACHSIDE PL**
 CITY-ST-ZIP **FERNANDINA BEACH FL 32034**

TITLE **D** ☐ Change ☒ Addition
 NAME **MCCABE, JOY**
 STREET ADDRESS **1792 JACKSON CT**
 CITY-ST-ZIP **FERNANDINA BEACH, FL 32034**

TITLE **D** ☐ Delete
 NAME **DAVIS, DON**
 STREET ADDRESS **4665 GENOA DR**
 CITY-ST-ZIP **FERNANDINA BEACH FL 32034**

TITLE **D** ☐ Change ☒ Addition
 NAME **TAYLOR, SALLY**
 STREET ADDRESS **1802 OCEAN VILLAGE PL**
 CITY-ST-ZIP **FERNANDINA BEACH, FL 32034**

TITLE **VP** ☐ Delete
 NAME **WILLIAMS, JIM**
 STREET ADDRESS **2880 PARK SQUARE PL**
 CITY-ST-ZIP **FERNANDINA BEACH FL 32034**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☒ Delete
 NAME **HARD, WARREN**
 STREET ADDRESS **4665 SUMMER BEACH BLVD**
 CITY-ST-ZIP **FERNANDINA BEACH FL 32034**

TITLE ☐ Change ☐ 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: DIANE PASIEKA, TREASURER 3/19/01 (904) 321-0601

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)

Attachment #
440790

Also

delete?

5/6/03

BARBARA JONES^D

39 Long Point Dr

FERNANDINA BEACH, FL 32034