

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90108 019 ****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**

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**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **JOSEPH P. ANDERSON**
Street Address (P.O. Box Number is Not Acceptable)
863 SOUTH FLETCHER
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Joseph P. Anderson **JOSEPH P. ANDERSON TREASURER** **4-27-03**
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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	☐ Delete
NAME	ATWOOD, CAROL A	
STREET ADDRESS	436 BEACSIDE PLACE	
CITY-ST-ZIP	FERNANDINA BEACH FL 32034	
TITLE	D	☐ Delete
NAME	LITTLE, SUSAN	
STREET ADDRESS	1883 OCEAN VILLAGE DRIVE	
CITY-ST-ZIP	FERNANDINA BEACH FL 32034	
TITLE	VD	☐ Delete
NAME	MCCABE, JOY	
STREET ADDRESS	1792 JACKSON COURT	
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	TD	☒ Delete
NAME	PASIEKA, DIANE	
STREET ADDRESS	2782 PARK SQUARE PL E	
CITY-ST-ZIP	FERNANDINA BEACH FL 32034	
TITLE	D	☒ Delete
NAME	TAYLOR, SALLY	
STREET ADDRESS	1802 OCEAN VILLAGE PLACE	
CITY-ST-ZIP	FERNANDINA BEACH FL 32034	

TITLE	TD	☐ Change ☒ Addition
NAME	JOSEPH P. ANDERSON	
STREET ADDRESS	863 SOUTH FLETCHER	
CITY-ST-ZIP	FERNANDINA BEACH FL 32034	
TITLE	D	☐ Change ☒ Addition
NAME	WILLIAM BIRDSONG	
STREET ADDRESS	407 PORTSIDE DRIVE	
CITY-ST-ZIP	FERNANDINA BEACH FL 32034	
TITLE	SD	☐ Change ☒ Addition
NAME	SUANNE Z. THAMM	
STREET ADDRESS	404 BROOME ST.	
CITY-ST-ZIP	FERNANDINA BEACH FL 32034	
TITLE	D	☐ Change ☒ Addition
NAME	FRANK REIDINGER	
STREET ADDRESS	1638 REGATTA DR.	
CITY-ST-ZIP	AMELIA ISL FL 32034	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: Joseph P. Anderson **JOSEPH P. ANDERSON TREASURER** **4-27-03** **904 321-4227**

CR2E037 (10/02)