2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2000 8:00 am
Secretary of State
04-27-2000 90008 036 ****61.25

DOCUMENT # 741275

1. Entity Name

SAFETY HARBOR MUSEUM OF REGIONAL HISTORY, INC.

Principal Place of Business	Mailing Address
329 S BAYSHORE BLVD SAFETY HARBOR FL 34695-4053	329 S BAYSHORE BLVD SAFETY HARBOR FL 34695-4053

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	Zip / Country

4. FEI Number 59-1782315 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MAXON, SUSAN
2712 BEAGLE PATHWAY
PALM HARBOR FL 34683

7. Name and Address of New Registered Agent

Name: SUSAN GOLDSTEIN
Street Address (P.O. Box Number is Not Acceptable): 1016 BARKWOOD CT.
City: SAFETY HARBOR **FL** Zip Code: 34695

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: X Susan P. Goldstein SUSAN ~~P~~ GOLDSTEIN 13 April 00
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 / STREET ADDRESS / CITY-ST-ZIP	TTR BARTZ, MARILYN K 4357 WATER OAK WAY PALM HARBOR FL 34685	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~STR~~ MAXON, SUSAN 2712 BEAGLE PATHWAY PALM HARBOR FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TR ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VTR SEABURY, PENNY 1118 REED ST SAFETY HARBOR FL 34695	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~STR~~ NELSON, BARBARA 1075 BAYSORE DR. N SAFETY HARBOR FL 34695	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TR ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DAVID, AMY F 1590 COACHMAKER'S LANE CLEARWATER FL 34625	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[redacted] ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~Susan Goldstein~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/TR Susan Goldstein 1016 Barkwood Ct. Safety Harbor FL 34695 ☐ Change ☒ Addition

CR2E037 (9/99)

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 ~~DEBRA J. QUIBELL~~ Marilyn K Bartz, treasurer (727) 724-1668
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #