

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2001 8:00 am**  
**Secretary of State**

04-23-2001 90011 046 \*\*\*\*61.25

**DOCUMENT # 743244**

1. Entity Name

**THE FLORIDA TRUST FOR HISTORIC PRESERVATION, INC**

Principal Place of Business

500 S. BRONOUGH ST.  
 ROOM 426  
 TALLAHASSEE FL 32399

Mailing Address

P.O. BOX 11206  
 TALLAHASSEE FL 32302

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

**59-1834416**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

~~MITCHELL, ARTHUR~~  
**500 S. BRONOUGH STREET**  
**ROOM 426**  
**TALLAHASSEE FL 32399**

7. Name and Address of New Registered Agent

Name **Heather Mitchell**  
 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)

**4/15/01**

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	<b>P</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>GREENFIELD, ARNOLD</b>	
STREET ADDRESS	<b>3194 VIA ABITARE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33133</b>	
TITLE	<b>VPD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>ROMANS, ELAINE</b>	
STREET ADDRESS	<b>1611 RIVERSIDE AVE</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL-32204</b>	
TITLE	<b>VP</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>HARDMAN, MIMI</b>	
STREET ADDRESS	<b>325 S. SCENIC HWY</b>	
CITY-ST-ZIP	<b>LAKE WALES FL 33853</b>	
TITLE	<b>S</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>LITRELL, VIRGINIA</b>	
STREET ADDRESS	<b>145 19TH AVE NE</b>	
CITY-ST-ZIP	<b>SAINT PETERSBURG FL 33704</b>	
TITLE	<b>T</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>BURHANS, BONNIE</b>	
STREET ADDRESS	<b>4 LA TERRAZA</b>	
CITY-ST-ZIP	<b>LAKELAND FL 33813</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MITCHELL, HEATHER</b>	
STREET ADDRESS	<b>500 S. BRONOUGH ST. RM 426</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL 32399-0250</b>	

TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>John Tarupeni</b>	
STREET ADDRESS	<b>128 N. Spring Boulevard</b>	
CITY-ST-ZIP	<b>Tarpon Springs FL 34689</b>	
TITLE	<b>VPD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Alvin Jackson</b>	
STREET ADDRESS	<b>P.O. Box 7800</b>	
CITY-ST-ZIP	<b>Tallahassee FL 32378</b>	
TITLE	<b>VP Membership</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Bonnie Burhans</b>	
STREET ADDRESS	<b>4 La Terraza</b>	
CITY-ST-ZIP	<b>Lakeland FL 33813</b>	
TITLE	<b>S</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Mimi Hardman</b>	
STREET ADDRESS	<b>325 S. Scenic Highway</b>	
CITY-ST-ZIP	<b>Lake Wales FL 33853</b>	
TITLE	<b>T</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Arnold Greenfield</b>	
STREET ADDRESS	<b>3194 Via Abitare</b>	
CITY-ST-ZIP	<b>Lalorut Grove FL 33133</b>	
TITLE		<input checked="" 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:

**SIGNATURES REQUIRED**

**4/15/01**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)