

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 28, 2002 8:00 am**  
**Secretary of State**

05-28-2002 91694 015 \*\*\*\*61.25

**DOCUMENT # 743244**

1. Entity Name

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

Principal Place of Business

Mailing Address

500 S. BRONOUGH ST.  
 ROOM 426  
 TALLAHASSEE FL 32399

P.O. BOX 11206  
 TALLAHASSEE FL 32302

743244



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1114 B Thomasville Road

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tallahassee FL

City & State

4. FEI Number

59-1834416

Applied For

Not Applicable

Zip

32303

Country

Leon

Zip

Country

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

MITCHELL, HEATHER  
 500 S. BRONOUGH STREET  
 ROOM 426  
 TALLAHASSEE FL 32399

Name

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

1114 B Thomasville Road

City

Tallahassee

FL

Zip Code

32303

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	T	<input type="checkbox"/> Delete
NAME	GREENFIELD, ARNOLD	
STREET ADDRESS	3194 VIA ABITARE	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	PD	<input type="checkbox"/> Delete
NAME	TARAPANI, JOHN	
STREET ADDRESS	128 N SPRING BLVD	
CITY-ST-ZIP	TARPOON SPRINGS FL 34689	
TITLE	S	<input type="checkbox"/> Delete
NAME	HARDMAN, MIMI	
STREET ADDRESS	325 S. SCENIC HWY	
CITY-ST-ZIP	LAKE WALES FL 33853	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	JACKSON, ALNIN	
STREET ADDRESS	PO BOX 7800	
CITY-ST-ZIP	TAVARES FL 32778	
TITLE	VPM	<input type="checkbox"/> Delete
NAME	BURHANS, BONNIE	
STREET ADDRESS	4 LA TERRAZA	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE	D	<input type="checkbox"/> Delete
NAME	MITCHELL, HEATHER	
STREET ADDRESS	500 S. BRONOUGH ST. RM 426	
CITY-ST-ZIP	TALLAHASSEE FL 32399-0250	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mrs. Pat Healy Golembe	
STREET ADDRESS	2000 S. Ocean Blvd # 301	
CITY-ST-ZIP	Delray Beach FL 33483	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1114 B Thomasville Road	
CITY-ST-ZIP	Tallahassee FL 32303	

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

Date

Daytime Phone #

Heather Mitchell 5/1/02 224-8128

CR2E037 (9/01)