

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 19, 2001 8:00 am**  
**Secretary of State**

07-19-2001 90236 030 \*\*\*\*61.25

**DOCUMENT # N00000000991**

1. Entity Name

**A.L. LEWIS HISTORICAL SOCIETY, INC.**

*(Handwritten initials)*

Principal Place of Business

**5466 GREGG STREET  
 AMERICAN BEACH FL 32034**

Mailing Address

**5466 GREGG STREET  
 AMERICAN BEACH FL 32034**

**A0078521**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

**59-3672494**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**BETCH, MAVYNEE OSHUN  
 5466 GREGG STREET  
 AMERICAN BEACH FL 32034**

7. Name and Address of New Registered Agent

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  
 After September 12, 2001, min. will be \$236.25**

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

TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>BETSCH, MAVYNEE</b>	
STREET ADDRESS	<b>5466 GREGG STREET</b>	
CITY-ST-ZIP	<b>AMERICAN BEACH FL 32034</b>	
TITLE	<b>CD</b>	<input type="checkbox"/> Delete
NAME	<b>BROWN, TONY T</b>	
STREET ADDRESS	<del>P.O. BOX 93048</del>	
CITY-ST-ZIP	<del>SOUTH LAKE TX 76092</del>	
TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>SMITH, ERNESTINE</b>	
STREET ADDRESS	<b>1470 EVERGREEN AVENUE</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32206</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>MCNEIL, DIANNE</b>	
STREET ADDRESS	<b>5490 ERWIN STREET</b>	
CITY-ST-ZIP	<b>AMERICAN BEACH FL 32034</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>GOWAN, KENYA</b>	
STREET ADDRESS	<b>5484 OCEAN BLVD.</b>	
CITY-ST-ZIP	<b>AMERICAN BEACH FL 32034</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>ALEXANDER, CAROL</b>	
STREET ADDRESS	<b>829 N. DAVID STREET</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32202</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	
STREET ADDRESS	<b>→ P.O. Box 15666</b>
CITY-ST-ZIP	<b>Fernandina Beach, FL 32035</b>
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	<b>Atty Michael Lewis</b>
CITY-ST-ZIP	<b>221 E Osceola St.          Stuart, Fla. 34994</b>
TITLE	<input 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: **SIGNATURE REQUIRED**

*2/13/01 (904) 491-6068*

CR2E037 (5/01)