

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 03, 2001 8:00 am**  
**Secretary of State**

0066649

**DOCUMENT # N00473**

1. Entity Name

**GULFPORT HISTORICAL SOCIETY, INC.**

04-03-2001 90062 050 \*\*\*\*70.00

Principal Place of Business

Mailing Address

5301 28 AVE SOUTH  
 P.O. BOX 5152  
 GULFPORT FL 33707  
 US

P.O. BOX 5152  
 P.O. BOX 5152  
 GULFPORT FL 33737  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2233310**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MARY ATKINSON**  
**2625 58 STREET SOUTH**  
**GULFPORT FL 33707**

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**

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	<b>BROWN, CHRISTINE</b>	
STREET ADDRESS	<b>2802-53RD ST S</b>	
CITY-ST-ZIP	<b>GULFPORT FL 33707</b>	
TITLE	S	<input type="checkbox"/> Delete
NAME	<b>VALDES, CAROL</b>	
STREET ADDRESS	<b>8502-60 STREET N</b>	
CITY-ST-ZIP	<b>PINELLAS PARK FL 33781</b>	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	<b>LOVE, LOUISE</b>	
STREET ADDRESS	<b>2720-57 STREET SOUTH</b>	
CITY-ST-ZIP	<b>GULFPORT FL 33707</b>	
TITLE	D	<input type="checkbox"/> Delete
NAME	<b>HOON, PRISCILLA</b>	
STREET ADDRESS	<b>4319 26 AVENUE SOUTH</b>	
CITY-ST-ZIP	<b>ST PETERSBURG FL 33711</b>	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	<b>ATKINSON, MARY</b>	
STREET ADDRESS	<b>2625 58TH ST S.</b>	
CITY-ST-ZIP	<b>GULFPORT FL 33707</b>	
TITLE	PD	<input type="checkbox"/> Delete
NAME	<b>RYERSON, JUDITH</b>	
STREET ADDRESS	<b>5855-27 AVE S</b>	
CITY-ST-ZIP	<b>GULFPORT FL 33707</b>	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Brown, Lynne</b>	
STREET ADDRESS	<b>6344 - 9 Ave S.</b>	
CITY-ST-ZIP	<b>Gulfport, FL 33707</b>	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Chapple, Carole</b>	
STREET ADDRESS	<b>2724 Premier Dr. S.</b>	
CITY-ST-ZIP	<b>St. Petersburg, FL 33707</b>	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Callen, Cathy Cathy</b>	
STREET ADDRESS	<b>5122 - 31 Street S.</b>	
CITY-ST-ZIP	<b>Gulfport, FL 33707</b>	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Rautman, Emily</b>	
STREET ADDRESS	<b>2813 - 48th St. S.</b>	
CITY-ST-ZIP	<b>Gulfport, FL 33707</b>	
TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Atkinson, Mary</b>	
STREET ADDRESS	<b>2625 - 58th St. S.</b>	
CITY-ST-ZIP	<b>Gulfport, FL 33707</b>	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Turner, Roger</b>	
STREET ADDRESS	<b>5314 - 28th Ave S.</b>	
CITY-ST-ZIP	<b>Gulfport, FL 33707</b>	

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~~  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-26-01** **727-323-5392**  
 Date Daytime Phone #

CR2E037 (10/00)