

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90136 046 ****61.25

DOCUMENT # N06223

1. Entity Name

BONITA SPRINGS HISTORICAL SOCIETY, INC.

Principal Place of Business

Mailing Address

27142 RIVERSIDE DR
 BONITA SPRINGS FL 34134
 US

P O BOX 3015
 BONITA SPRINGS FL 34133-3015
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2482932

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

HOGG, JANE M.
 175 W 6TH ST
 PO BOX 3015
 BONITA SPRINGS FL 33959

Name **BERYL M. TRINDLE**
 Street Address (P.O. Box Number is Not Acceptable)
4060 TARPON AVE
 City **BONITA SPRINGS FL** Zip Code **34134**

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 Beryl M. Trindle, Beryl Trindle, President 4-17-2000
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	PD	<input checked="" type="checkbox"/> Delete
NAME	HOGG, JANE	
STREET ADDRESS	175 W 6TH ST	
CITY-ST-ZIP	BONITA SPGS FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PAPE, MARILYN	
STREET ADDRESS	27273 BUCCANEER DR	
CITY-ST-ZIP	BONITA SPRINGS FL 34135	
TITLE	TD Board Member - D	<input type="checkbox"/> Delete
NAME	SUPLOCK, ELAINE	
STREET ADDRESS	27312 VALOIS DR.	
CITY-ST-ZIP	BONITA SPGS FL	
TITLE	SD Secretary - S/D	<input type="checkbox"/> Delete
NAME	STURGIS, ELIZABETH	
STREET ADDRESS	56 1ST STREET	
CITY-ST-ZIP	BONITA SPRGS FL	
TITLE	P President - P/D	<input type="checkbox"/> Delete
NAME	TRINDLE, BERYL	
STREET ADDRESS	4060 TARPON AVE	
CITY-ST-ZIP	BONITA SPGS. FL 34134	
TITLE	D Board Member - D	<input type="checkbox"/> Delete
NAME	WOLLAM, DORIS	
STREET ADDRESS	10440 WOOD IBIS AVE	
CITY-ST-ZIP	BONITA SPRINGS FL 34135	

TITLE	Vice-President - V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dee Mats	
STREET ADDRESS	3689 Cartwright Ct.	
CITY-ST-ZIP	Bonita Springs FL 34134	
TITLE	Board Member - D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Donald TREW	
STREET ADDRESS	26921 PALM ST	
CITY-ST-ZIP	BONITA SPRINGS, FL 34135	
TITLE	Board Member - D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jean Aydelott	
STREET ADDRESS	27680 Pierce Av.	
CITY-ST-ZIP	Bonita Springs, FL 34135	
TITLE	Treasurer - T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ruth Nichols	
STREET ADDRESS	76 4th St, #9-202	
CITY-ST-ZIP	Bonita Springs, FL 34134	
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: Ruth M. Nichols, Ruth M. Nichols, Treas. 4/24/00 (941) 947-8058
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (9/99)