

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N07894

1. Entity Name

CLEWISTON MUSEUM, INC.

FILED
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90060 025 ****61.25

Principal Place of Business

112 SOUTH COMMERCIO STREET
CLEWISTON FL 33440

Mailing Address

112 SOUTH COMMERCIO STREET
CLEWISTON FL 33440-3706

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2460777

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

COUSE, MILLER
112 SOUTH COMMERCIO STREET
CLEWISTON FL 33440

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

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 PD ☐ Delete
NAME COUSE, MILLER
STREET ADDRESS 227 E CRESCENT DR
CITY-ST-ZIP CLEWISTON FL

TITLE D ☐ Delete
NAME STITT, SANDRA
STREET ADDRESS RT. 2 BOX 170
CITY-ST-ZIP CLEWISTON FL 33440

TITLE D ☒ Delete
NAME TULLOS, CLARK
STREET ADDRESS P.O. BOX 1029 / 850 W. VENTURA
CITY-ST-ZIP CLEWISTON FL 33440

TITLE TD ☐ Delete
NAME VANN, JUDY N.
STREET ADDRESS 544 EAST OSCEOLA AVE
CITY-ST-ZIP CLEWISTON FL

TITLE D ☐ Delete
NAME MCCARTHY, RUTH
STREET ADDRESS 811 W ROYAL PALM AVE.
CITY-ST-ZIP CLEWISTON FL

TITLE D ☐ Delete
NAME LEWELL HUGHES
STREET ADDRESS P.O. BOX 1207 / 617 EAST ESPERANZA AVE.
CITY-ST-ZIP CLEWISTON FL 33440

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Change ☒ Addition
NAME Cathy Hilliard
STREET ADDRESS 100 Myrtle Lane
CITY-ST-ZIP Clewiston, FL 33440

TITLE D ☐ Change ☒ Addition
NAME John Brady
STREET ADDRESS 1021 Ponce De Leon
CITY-ST-ZIP Clewiston, FL 33440

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/10/00

Date

(863) 983-8191

Daytime Phone #

CR2E037 (9/99)