

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 01, 2000 8:00 am**  
**Secretary of State**

03-01-2000 90086 046 \*\*\*\*61.25

**DOCUMENT # N37989**  
 1. Entity Name  
**DESOTO COUNTY HISTORICAL SOCIETY, INC.**

Principal Place of Business 3028 N.E. ARCADIA AVE. ARCADIA FL 34266 US		Mailing Address 3028 N.E. ARCADIA AVE. ARCADIA FL 34266-8846 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>59-3018187</b>				Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>COSTNER, G C</b> <b>3028 N.E. ARCADIA AVE.</b> <b>ARCADIA FL 34266</b>			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 *John A. Reynolds* 2-20-00  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW:</b> <b>FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>REYNOLDS, JOHN A</b> <b>503 N. POLK AVE.</b> <b>ARCADIA FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>WILSON, LUKE</b> <b>914 MIZELLE AVE.</b> <b>ARCADIA FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del><b>S</b> <b>HALL, MILLIE</b> <b>135 S. OSCEOLA AVE.</b> <b>ARCADIA FL</b> <input checked="" type="checkbox"/> Delete</del>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Ruth Moore</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>PO Box 967</b> <b>Arcadia Fl 34265</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>TAYLOR HALIGEIS, JUDY</b> <b>606 E. OAK AVE.</b> <b>ARCADIA FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HAMILTON, RUTH R</b> <b>1021 W. HICKORY AVE.</b> <b>ARCADIA FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LAWRENCE, IRMA</b> <b>1802 NE MIKE DR.</b> <b>ARCADIA FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Judy Taylor Haligies* **Judy Taylor Haligies** 2-20-2000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

CR2E037 (9/99)