## **2000 UNIFORM BUSINESS REPORT (UBR)**

## FILED Jan 29, 2000 8:00 am Secretary of State DOCUMENT # N95000002320 1. Entity Name THE BOCA GRANDE HISTORICAL SOCIETY, INC. 01-29-2000 90115 037 \*\*\*\*61.25 Principal Place of Business Mailing Address 131 BANYAN ST P. O. BOX 553 BOCA GRANDE FL 33921-0553 P.O. BOX 553 00012614BOCA GRANDE FL 33921 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0585091 Not Applicable Country Country **\$8.75** Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) MORRISON, JUDY D CPA 421 PALM AVE PO BOX 523 Zip Code **BOCA GRANDE FL 33921** 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: 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Department of State Added to Fees FEE IS \$61.25 . i. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE **Addition** TITLE ☐ Delete NAME NAME DAVIS, HOLBROOK R 410 GAST RAILYVANCE 4th ST STREET ADDRESS STREET ADDRESS 711 PALM AVE Boca Grande FL 33921 CITY-ST-ZIP CITY-ST-7IP **BOCA GRANDE FL 33921** ☐ Change ☐ Addition TITLE D Delete TITLE Patricia Lowe NAME NAME AGLES, PATRICIA 31 121 Striet STREET ADDRESS STREET ADDRESS 276 WATERWAYS AVE Boce Crimate FL 23921 CITY-ST-ZIP CITY-ST-ZIP **BOCA GRANDE FL 33921** Barbara Symmas Addition ☐ Change TITLE D ☐ Delete TITLE 530 5th ST WEST NAME NAME REEFE, NORA LEA STREET ADDRESS STREET ADDRESS 132 CARRICK BEND LANE CITY-ST-ZIP CITY-ST-ZIP BOCA GRANDE FL 33921 -Audition ☐ Change TITLE ☐ Delete TITLE NAME NAME BROCK, MITCHELL STREET ADDRESS STREET ADDRESS 323 PILOT POINT LANE CITY-ST-ZIP CITY-ST-ZIP **BOCA GRANDE FL 33921** 4 Addition ☐ Change TITE F Delete TITLE NAME VAN ITALLIE, THEODORE MD NAME WETERWAYS STREET ADDRESS STREET ADDRESS 1678 JOSE GASPAR DR FL 33921 CITY-ST-ZIP CITY-ST-ZIP **BOCA GRANDE FL 33921** ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME BISHOP, DORIS NAME STREET ADDRESS STREET ADDRESS 11 RAILROAD AVENUE CITY-ST-ZIP CITY-ST-ZIP **BOCA GRANDE FL 33921** 12. Thereby 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