

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N95000002320**

1. Entity Name

THE BOCA GRANDE HISTORICAL SOCIETY, INC.

Principal Place of Business

131 BANYAN ST
P.O. BOX 553
BOCA GRANDE FL 33921
US

Mailing Address

P. O. BOX 553
BOCA GRANDE FL 33921

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0585091

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MORRISON, JUDY D CPA
421 PALM AVE
PO BOX 523
BOCA GRANDE FL 33921

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 C ☐ Delete
NAME DAVIS, HOLBROOK R
STREET ADDRESS 711 PALM AVE
CITY-ST-ZIP BOCA GRANDE FL 33921TITLE D ☐ Delete
NAME NESSER, PATRICIA
STREET ADDRESS 410 EAST RAILROAD @ 4TH ST
CITY-ST-ZIP BOCA GRANDE FL 33921TITLE D ☐ Delete
NAME REEFE, NORA LEA
STREET ADDRESS 132 CARRICK BEND LANE
CITY-ST-ZIP BOCA GRANDE FL 33921TITLE T ☐ Delete
NAME BROCK, MITCHELL
STREET ADDRESS 323 PILOT POINT LANE
CITY-ST-ZIP BOCA GRANDE FL 33921TITLE D ☒ Delete
NAME VAN ITALLIE, THEODORE MD
STREET ADDRESS 1678 JOSE GASPAR DR
CITY-ST-ZIP BOCA GRANDE FL 33921TITLE D ☐ Delete
NAME BISHOP, DORIS
STREET ADDRESS 11 RAILROAD AVENUE
CITY-ST-ZIP BOCA GRANDE FL 33921

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☒ Addition
NAME Director
STREET ADDRESS Salie van Itallie
CITY-ST-ZIPTITLE ☐ 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

Date

Daytime Phone #

Jan. 10 2001

941 964
0247**FILED**
Jan 22, 2001 8:00 am
Secretary of State

01-22-2001 90130 005 ****61.25

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DO NOT WRITE IN THIS SPACE

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