

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000000737

1. Entity Name

GLADES COUNTY HISTORICAL SOCIETY, INC.

FILED

May 20, 2002 8:00 am
Secretary of State

05-20-2002 90042 044 ****61.25

Principal Place of Business

Mailing Address

GLADES COUNTY HISTORICAL MUSEUM
270 AVENUE L
MOORE HAVEN FL 33471
US

P.O. BOX 806
MOORE HAVEN FL 33471

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

59-2550093

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

DEUSCHLE, ANNE L
100 1ST STREET
MOORE HAVEN FL 33471

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P ☐ Delete
NAME DEUSCHLE, ANNE L
STREET ADDRESS 100 1ST STREET
CITY-ST-ZIP MOORE HAVEN FL

TITLE T ☐ Change ☐ Addition
NAME SCHAUSEIL, AL
STREET ADDRESS 2435 Riverside Drive
CITY-ST-ZIP Moore Haven FL 33471

TITLE VP ☐ Delete
NAME MORNINGSTAR, JUNE
STREET ADDRESS 205 YACHT CLUB WAY NE
CITY-ST-ZIP MOORE HAVEN FL 33471

TITLE S ☐ Change ☐ Addition
NAME WIGTON, Julie
STREET ADDRESS 10375 Lowry Lane
CITY-ST-ZIP Moore Haven FL 33471

TITLE S ☒ Delete
NAME NAPOLI, ED
STREET ADDRESS 4550 PALOMINO DR.
CITY-ST-ZIP MOORE HAVEN FL 33480-0583

TITLE D ☐ Change ☐ Addition
NAME COOK, Kenneth Lee
STREET ADDRESS 100 1st Street
CITY-ST-ZIP Moore Haven FL 33471

TITLE SD ☒ Delete
NAME QUILLAM, MAXINE
STREET ADDRESS 12233 SORY LANE
CITY-ST-ZIP OKEECHOBEE FL 34972

TITLE D/BROCK, Mrs Lee ☐ Change ☐ Addition
NAME 70 Tower Hill
STREET ADDRESS Fort Thomas KY 41075
CITY-ST-ZIP

TITLE BCD ☒ Delete
NAME SAMS, MARY
STREET ADDRESS AVE K
CITY-ST-ZIP MOORE HAVEN FL 33471

TITLE D ☐ Change ☐ Addition
NAME NAPOLI, Ed
STREET ADDRESS 4550 Palomino Drive
CITY-ST-ZIP Palm Beach FL 33480

TITLE D ☒ Delete
NAME PEEPLES, MRS. C
STREET ADDRESS 1090 W WAYMAN RD
CITY-ST-ZIP MOORE HAVEN FL 33471

TITLE D ☐ Change ☐ Addition
NAME NENORTAS, Peter
STREET ADDRESS 101 1st Street
CITY-ST-ZIP Moore Haven FL 33471

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

SIG. Schauseil (REQUIRED)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 27 2002 863-946-0292

Date

Daytime Phone #

CR2E037 (9/01)