

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2001 8:00 am
Secretary of State

03-19-2001 90028 040 ****61.25

0025982

DOCUMENT # N97000002051

1. Entity Name

THE ZELLWOOD HISTORICAL SOCIETY, MUSEUM & LIBRAR

Principal Place of Business

**3160 UNION STREET
 ZELLWOOD FL 32798**

Mailing Address

**P.O. BOX 1186
 ZELLWOOD FL 32798-1186**

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

59-3494367

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**O'NEAL, MASTON
 422 S CENTRAL AVE
 APOPKA FL 32704**

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

[Handwritten Signature]

1-22-01

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 Delete
 NAME **PD KLUHSOMEIER, GEORGE W**
 STREET ADDRESS **5732 MAGGIORE TR.**
 CITY-ST-ZIP **ZELLWOOD FL 32798-0187**

TITLE Delete
 NAME **VD EURE, SARA**
 STREET ADDRESS **5100 JONES AVE.**
 CITY-ST-ZIP **ZELLWOOD FL 32798-0509**

TITLE Delete
 NAME **SD HUMPHERY, JACK**
 STREET ADDRESS **5437 KING AVE.**
 CITY-ST-ZIP **ZELLWOOD FL 32798-0509**

TITLE Delete
 NAME **TD BARRETT, MARVIN**
 STREET ADDRESS **5000 PONKAN RD.**
 CITY-ST-ZIP **ZELLWOOD FL 32798-0194**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Change Addition
 NAME
 STREET ADDRESS **3557 Blossom Cir**
 CITY-ST-ZIP **Zellwood FL 32798**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS **2100 Park Forest Blvd.**
 CITY-ST-ZIP **MT DORA FL 32757**

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:

[Handwritten Signature: MARVIN BARRETT]

1-22-01

407-886-4640

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)