

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 07, 2000 8:00 am
Secretary of State

07-07-2000 90406 042 ****70.00

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1. Entity Name

SOUTH LAKE COUNTY HISTORICAL SOCIETY, INC.

Principal Place of Business

Mailing Address

24 EMERALD LAKES
CLERMONT FL 34711

24 EMERALD LAKES
CLERMONT FL 34711

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

59-8544324

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~GRANT, JAMES H~~
~~24 EMERALD LAKES~~
~~CLERMONT FL 34711~~

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

\$70
 Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD Delete
 NAME GRANT, JAMES H
 STREET ADDRESS 24 EMERALD LAKES
 CITY-ST-ZIP CLERMONT FL 34711

TITLE Change Addition
 NAME BARBARA MAUD
 STREET ADDRESS 12418 SCOTTSBURY PINE LANE
 CITY-ST-ZIP CLERMONT, FL 34711

TITLE VPD Delete
 NAME BEEBE, ELAINE
 STREET ADDRESS 1200 7TH STREET
 CITY-ST-ZIP CLERMONT FL 34711

TITLE Change Addition
 NAME LOUISE ALLEN
 STREET ADDRESS 6034 UNITY TRASS
 CITY-ST-ZIP GROVELAND, FL 34736

TITLE STD Delete
 NAME BERENS, ROBERT E JR.
 STREET ADDRESS 1927 BRANTLEY CIRCLE
 CITY-ST-ZIP CLERMONT FL 34711

TITLE Change Addition
 NAME JOSEPH WRIGHT
 STREET ADDRESS P.O. Box 120914
 CITY-ST-ZIP CLERMONT, FL 34712

TITLE ASD Delete
 NAME ROBB, PAMELA M
 STREET ADDRESS 14909 MASCOTTE-EMPIRE ROAD
 CITY-ST-ZIP GROVELAND FL 34736

TITLE Change Addition
 NAME JEFF COX
 STREET ADDRESS 14422 C.R. 561
 CITY-ST-ZIP CLERMONT, FL 34711

TITLE D Delete
 NAME RAY, BONNIE L
 STREET ADDRESS 462 WEST OSCEOLA
 CITY-ST-ZIP CLERMONT FL 34711

TITLE Change Addition
 NAME DOROTHY LEE
 STREET ADDRESS P.O. Box 262
 CITY-ST-ZIP MASCOTTS, FL 34753

TITLE D Delete
 NAME CROFFORD, JOHN
 STREET ADDRESS 637 W. LAKESHORE DRIVE
 CITY-ST-ZIP CLERMONT FL 34711

TITLE Change Addition
 NAME LOUISE STOCKTON
 STREET ADDRESS 330 DIVISION ST.
 CITY-ST-ZIP CLERMONT, FL 34711

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

4/12/00 352-7000 6002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)