

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000006118

1. Entity Name

SOUTH LAKE COUNTY HISTORICAL SOCIETY, INC.

FILED

02 OCT 16 AM 9:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business 24 EMERALD LAKES CLERMONT FL 34711	Mailing Address 24 EMERALD LAKES CLERMONT FL 34711
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 450 E. Highway 50	3. Mailing Address 450 E. Highway 50
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Clermont FL	City & State CLERMONT FL
Zip 34711	Country LAKE
Zip 34711	Country LAKE

4. FEI Number 59-8544324	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GRANT, JAMES H  
24 EMERALD LAKES  
CLERMONT FL 34711

7. Name and Address of New Registered Agent

Name  
Micki Blackburn Wolfe

Street Address (P.O. Box Number is Not Acceptable)  
450 E. Highway 50

Clermont, FL

City  
Clermont, FL

Zip Code  
34711

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Micki Blackburn Wolfe  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

After September 13, 2002, min. will be \$236.25.	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE PD	NAME GRANT, JAMES H	STREET ADDRESS 24 EMERALD LAKES	CITY-ST-ZIP CLERMONT FL 34711	<input type="checkbox"/> Delete
TITLE VPD	NAME BEEBE, ELAINE	STREET ADDRESS 1200 7TH STREET	CITY-ST-ZIP CLERMONT FL 34711	<input type="checkbox"/> Delete
TITLE STD	NAME BERENS, ROBERT E JR.	STREET ADDRESS 1927 BRANTLEY CIRCLE	CITY-ST-ZIP CLERMONT FL 34711	<input type="checkbox"/> Delete
TITLE D	NAME CUX, JEFF	STREET ADDRESS 19422 C.R. 581	CITY-ST-ZIP CLERMONT FL 34711	<input type="checkbox"/> Delete
TITLE D	NAME RAY, BONNIE L	STREET ADDRESS 462 WEST OSCEOLA	CITY-ST-ZIP CLERMONT FL 34711	<input type="checkbox"/> Delete
TITLE D	NAME STOCKTON, LOUISE	STREET ADDRESS 330 DIVISION ST	CITY-ST-ZIP CLERMONT FL 34711	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Pres	NAME Micki Wolfe	STREET ADDRESS 450 E. Highway 50	CITY-ST-ZIP Clermont, FL 34711	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE V. PD	NAME Juanita Beckius	STREET ADDRESS PO Box 520422	CITY-ST-ZIP Mont Verde	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE Treas	NAME Beverly Anderson	STREET ADDRESS 743 W. Montrose St	CITY-ST-ZIP CLERMONT, FL. 34711	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE Sec.	NAME Louise Allon	STREET ADDRESS 5514 SHRIVER ST	CITY-ST-ZIP Goesburg FL 34748	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE Ad	NAME James Grant	STREET ADDRESS 24 EMERALD LAKES	CITY-ST-ZIP CLERMONT, FL 34711	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE Ad	NAME ELAINE Beebe	STREET ADDRESS 420 Minnehaha	CITY-ST-ZIP CLERMONT FL 34711	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

CR2037 (4/02)

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: SIG Beverly Anderson Treas. 9-13-02 352-394-4992  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #