

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00473

1. Entity Name

GULFPORT HISTORICAL SOCIETY, INC.

**FILED**  
**May 12, 2000 8:00 am**  
**Secretary of State**

05-12-2000 90011 038 \*\*\*\*70.00

Principal Place of Business

Mailing Address

5301 28 AVE SOUTH  
P.O. BOX 5152  
GULFPORT FL 33707  
US

P.O. BOX 5152  
P.O. BOX 5152  
GULFPORT FL 33737-5152  
US

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

59-2233310

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

MARY ATKINSON  
2625 58 STREET SOUTH  
GULFPORT FL 33707

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

T ☐ Delete  
NAME BROWN, CHRISTINE  
STREET ADDRESS 2802-53RD ST S  
CITY-ST-ZIP GULFPORT FL 33707

☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

S ☐ Delete  
NAME VALDES, CAROL  
STREET ADDRESS 8502-60 STREET N  
CITY-ST-ZIP PINELLAS PARK FL 33781

☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

D ☒ Delete  
NAME LOVE, LOUISE  
STREET ADDRESS 2720-57 STREET SOUTH  
CITY-ST-ZIP GULFPORT FL 33707

☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

D ☐ Delete  
NAME HOON, PRISCILLA  
STREET ADDRESS 4319 26 AVENUE SOUTH  
CITY-ST-ZIP ST PETERSBURG FL 33711

☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

D ☐ Delete  
NAME ATKINSON, MARY  
STREET ADDRESS 2625 58TH ST S.  
CITY-ST-ZIP GULFPORT FL 33707

☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

PD ☐ Delete  
NAME RYERSON, JUDITH  
STREET ADDRESS 5855-27 AVE S  
CITY-ST-ZIP GULFPORT FL 33707

☐ 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**

Christine Brown 4-27-00 727-323-3392

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)