

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jul 16, 2001 08:00 AM****Secretary of State****DOCUMENT # 727200**1. Entity Name
DEERFIELD BEACH HISTORICAL SOCIETY INCPrincipal Place of Business
"BUTLER HOUSE"
380 E HILLSBORO BLVD
DEERFIELD BCH
33441
US
FL
Mailing Address
PO BOX 755
DEERFIELD BEACH
33443
US
FL2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip
Country3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip
Country

DO NOT WRITE IN THIS SPACE

4. FEI Number
23-7354099Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MOWRY MARY O
1351 BANYAN RD.
BOCA RATON
33432
US
FL

7. Name and Address of New Registered Agent

Name
ALLEN DALE
Street Address (P.O. Box Number is Not Acceptable)
1341 S.E. 4TH STREET
City
DEERFIELD BEACH
FL
Zip Code
33441

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 **DALE ALLEN****07/16/2001**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

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	ED	<input type="checkbox"/> Delete
NAME	ALLEN DALE	
STREET ADDRESS	1341 S.E. 4TH STREET	
CITY-ST-ZIP	DEERFIELD BEACH FL 33441	
TITLE	TD	<input type="checkbox"/> Delete
NAME	STAMM KATHY	
STREET ADDRESS	460 NW 38TH ST	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE	PD	<input type="checkbox"/> Delete
NAME	STAMM KATHI	
STREET ADDRESS	460 N.W. 38TH TERR	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MOWRY DICK	
STREET ADDRESS	1351 BANYAN RD	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	BROOKS LEOLA B	
STREET ADDRESS	999 S.W. 18TH ST.	
CITY-ST-ZIP	BOCA RATON FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	TD	BOWLES GEORGE	77 S.E. 2ND AVENUE DEERFIELD BEACH FL 33441	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	PD	DIETRICH, JR. ED	77 S.E. 2ND AVENUE DEERFIELD BEACH FL 33441	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

Dale Allen

ED

07/16/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)