

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 715611

1. Entity Name

BOYNTON BEACH HISTORICAL SOCIETY, INC.

APPROVED
AND
FILED

01 OCT 22 PM 2:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

P.O. BOX 12
BOYNTON BEACH FL 33425
US

P.O. BOX 12
BOYNTON BEACH FL 33425-0012
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT 00-01

4. FEI Number
59-2465514

Applied For
SP 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

MORITZ, LINDA
6425 MONTEREY PINE LANE
LANTANA FL 33462

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
SMITH, VONCILE
490 N.W. 20TH STREET, #16
BOCA RATON, FL ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
FARACE, VIRGINIA
208 S. SEACREST BLVD.
BOYNTON BCH FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
OYER, HARVEY
511 EAST OCEAN AVE.
BOYNTON BEACH FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
MORITZ, LINDA
6425 MONTEREY PINE LANE
LANTANA, FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
BEAMAN, SUE
18 A CROSSINGS CIRCLE
BOYNTON BEACH FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
MORITZ, PETER
6425 MONTEREY PINE LANE
LANTANA, FL 33462 ☒ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
100004662711--2
-11/01/01--01050--001
****297.50 ****297.50 ☐ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
BEAMAN, SUE
2010 S.W. 15TH STREET
BOYNTON BEACH, FL 33426 ☒ Change ☐ Addition

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

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 (SUE BEAMAN) 9/29/02 541-355-7203

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CR2E037 (9/99)