

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 05, 2002 8:00 am**  
**Secretary of State**

03-05-2002 90134 026 \*\*\*\*70.00

**DOCUMENT # N00473**

1. Entity Name  
**GULFPORT HISTORICAL SOCIETY, INC.**

Principal Place of Business <b>5301 28 AVE SOUTH          P.O. BOX 5152          GULFPORT FL 33707          US</b>	Mailing Address <b>P.O. BOX 5152          P.O. BOX 5152          GULFPORT FL 33737          US</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number <b>59-2233310</b>	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**MARY ATKINSON  
 2625 58 STREET SOUTH  
 GULFPORT FL 33707**

7. Name and Address of New Registered Agent  
 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable.

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS

TITLE	<b>T</b> <input type="checkbox"/> Delete
NAME	<b>BROWN, CHRISTINE</b>
STREET ADDRESS	<b>2802-53RD ST S</b>
CITY-ST-ZIP	<b>GULFPORT FL 33707</b>
TITLE	<b>S</b> <input type="checkbox"/> Delete
NAME	<b>VALDES, CAROL</b>
STREET ADDRESS	<b>8502-60 STREET N</b>
CITY-ST-ZIP	<b>PINELLAS PARK FL 33781</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>BROWN, LYNNE</b>
STREET ADDRESS	<b>6344-9 AVE S.</b>
CITY-ST-ZIP	<b>GULFPORT FL 33707</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>HOON, PRISCILLA</b>
STREET ADDRESS	<b>4319 26 AVENUE SOUTH</b>
CITY-ST-ZIP	<b>ST PETERSBURG FL 33711</b>
TITLE	<b>DVP</b> <input type="checkbox"/> Delete
NAME	<b>ATKINSON, MARY</b>
STREET ADDRESS	<b>2625 58TH ST S.</b>
CITY-ST-ZIP	<b>GULFPORT FL 33707</b>
TITLE	<b>PD</b> <input type="checkbox"/> Delete
NAME	<b>RYERSON, JUDITH</b>
STREET ADDRESS	<b>5855-27 AVE S</b>
CITY-ST-ZIP	<b>GULFPORT FL 33707</b>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<b>5609-20 Ave. So.</b>
CITY-ST-ZIP	<b>GULFPORT, FL 33707</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<b>2960-59 ST. So. #301</b>
CITY-ST-ZIP	<b>GULFPORT, FL 33707</b>

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 C. Brown 2-18-02 727-323-3392  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)