

# 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		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 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>59-2233310</b>				Applied For
				Not Applicable
5. Certificate of Status Desired		<input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent	
<b>MARY ATKINSON</b> <b>2625 58 STREET SOUTH</b> <b>GULFPORT FL 33707</b>			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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BROWN, CHRISTINE</b>	NAME	
STREET ADDRESS	<b>2802-53RD ST S</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>GULFPORT FL 33707</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>S VALDES, CAROL</b>	NAME	
STREET ADDRESS	<b>8502-60 STREET N</b>	STREET ADDRESS	<b>5609-20 Ave. So.</b>
CITY-ST-ZIP	<b>PINELLAS PARK FL 33781</b>	CITY-ST-ZIP	<b>GULFPORT, FL 33707</b>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D BROWN, LYNNE</b>	NAME	
STREET ADDRESS	<b>6344-9 AVE S.</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>GULFPORT FL 33707</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D HOON, PRISCILLA</b>	NAME	
STREET ADDRESS	<b>4319 26 AVENUE SOUTH</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>ST PETERSBURG FL 33711</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DVP ATKINSON, MARY</b>	NAME	
STREET ADDRESS	<b>2625 58TH ST S.</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>GULFPORT FL 33707</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PD RYERSON, JUDITH</b>	NAME	
STREET ADDRESS	<b>5855-27 AVE S</b>	STREET ADDRESS	<b>2960-59 ST. So. #301</b>
CITY-ST-ZIP	<b>GULFPORT FL 33707</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)