

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 19, 2003 8:00 am**  
**Secretary of State**

04-24-2003 90201 002 \*\*\*\*61.25

**DOCUMENT # N99000006747**

1. Entity Name

**ESTERO HISTORICAL SOCIETY, INC.**



Principal Place of Business

**20621 PINE TREE LANE  
ESTERO FL 33928**

Mailing Address

**P.O. BOX 1314  
ESTERO FL 33928**

**55041674**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0962691**

Applied For

Not Applicable

Zip

Country

Zip

Country

6. 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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

**STRAUB, HELEN M  
20621 PINE TREE LANE  
ESTERO FL 33928**

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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>STRAUB, HELEN M, President</b>	
STREET ADDRESS	<b>20621 PINE TREE LANE</b>	
CITY-ST-ZIP	<b>ESTERO FL 33928</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>PRYAL, JEAN Treasurer</b>	
STREET ADDRESS	<b>22387 FOUNTAIN LAKES BLVD.</b>	
CITY-ST-ZIP	<b>ESTERO FL 33928</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BUCHANAN, JOAN Secretary</b>	
STREET ADDRESS	<b>20591 HIGHLANDS AVE</b>	
CITY-ST-ZIP	<b>ESTERO FL 33928</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BROWN, DOTTIE</b>	
STREET ADDRESS	<b>4180 GUNNISON CT #821</b>	
CITY-ST-ZIP	<b>ESTERO FL 33928</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(l), 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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/21/03**

**239-448-5296**

Date

Daytime Phone #

CR2E037 (10/02)