

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90187 044 ****61.25

DOCUMENT # 707389

1. Entity Name

GENERAL DUNCAN LAMONT CLINCH HISTORICAL SOCIETY

Principal Place of Business

Mailing Address

**502 BROOME STREET
P. O. BOX 7
FERNANDINA BEACH FL 32035
US**

**502 BROOME STREET
P. O. BOX 7
FERNANDINA BEACH FL 32035
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2160317

Applied For

Not 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

**WHITE, ROBERT M.
502 BROOME ST.
FERNANDINA BCH FL 32034**

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 **VP** ☐ Delete
NAME **THOMAS, RICHARD**
STREET ADDRESS **209 SO 17TH ST**
CITY-ST-ZIP **FERNANDINA BEACH FL 32034**

TITLE **VP D** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PD** ☐ Delete
NAME **LANCASTER, JERRY**
STREET ADDRESS **3240 S FLETCHER AVE**
CITY-ST-ZIP **FERNANDINA BEACH FL**

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

TITLE **TD** ☐ Delete
NAME **WHITE, ROBERT M.**
STREET ADDRESS **502 BROOME STREET**
CITY-ST-ZIP **FERNANDINA BCH FL**

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

TITLE **D** ☐ Delete
NAME **BELCHER, HAL**
STREET ADDRESS **105 S. 18TH ST**
CITY-ST-ZIP **FERNANDINA BCH FL**

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

TITLE **P** ☐ Delete
NAME **DAVIS, DON**
STREET ADDRESS **4665 GENOA DR**
CITY-ST-ZIP **FERNANDINA BEACH FL 32034**

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

TITLE **S** ☐ Delete
NAME **ZAK, LORI**
STREET ADDRESS **103 SO 18TH ST**
CITY-ST-ZIP **FERNANDINA BEACH FL 32034**

TITLE **SD** ☐ Change ☐ 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)(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)