

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2001 8:00 am
Secretary of State

02-19-2001 90073 030 *****61.25

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DOCUMENT # 717676

1. Entity Name

THE HERITAGE MUSEUM ASSOCIATION, INC.

Principal Place of Business

115 WESTVIEW AVE.
 VALPARAISO FL 32580

Mailing Address

PO BOX 488
 VALPARAISO FL 32580
 US

0 2 4 0 2 1

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1637065

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

LAROCHE, MRS JAMES N
 428 MARION DRIVE
 NICEVILLE FL 32578

7. Name and Address of New Registered Agent

Name

Holly A Beasley

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

286 Honeysuckle Way

City

Niceville

FL

Zip Code

32578

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

Holly Ann Beasley

Director

2/16/01

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

TITLE ☐ Delete
 NAME D
 STREET ADDRESS BAILEY, KENNETH
 CITY-ST-ZIP 32 SOUTHWIND CT
 NICEVILLE FL

TITLE ☒ Delete
 NAME TS
 STREET ADDRESS LANDES, LORRAINE
 CITY-ST-ZIP 313 STANDISH DR
 FT. WALTON BEACH FL

TITLE ☒ Delete
 NAME P
 STREET ADDRESS MELICH, GAYLE
 CITY-ST-ZIP 1224 MEIGS DR
 NICEVILLE FL 32578

TITLE ☐ Delete
 NAME D
 STREET ADDRESS ADAMS, HENDERSON
 CITY-ST-ZIP 1008 NE BEACHVIEW DR
 FT WALTON BEACH FL 32547

TITLE ☒ Delete
 NAME S
 STREET ADDRESS MCCLENDON, SHARON
 CITY-ST-ZIP 1230 MEIGS DRIVE
 NICEVILLE FL 32578

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☐ Change ☒ Addition
 NAME William Reeder
 STREET ADDRESS 281 S Bayshore Drive
 CITY-ST-ZIP Valparaiso, FL 32580

TITLE ☐ Change ☒ Addition
 NAME Anneke Brabham
 STREET ADDRESS 360 Okaloosa Avenue
 CITY-ST-ZIP Valparaiso, FL 32580

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

TITLE ☐ Change ☒ Addition
 NAME Barbara Knowles
 STREET ADDRESS 253 S Bayshore Dr
 CITY-ST-ZIP Valparaiso, FL 32580

TITLE ☐ 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:

Holly Ann Beasley
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/01
 Date

850-678-2615
 Daytime Phone #

CR2E037 (10/00)