

2002 UNIFORM BUSINESS REPORT (UBR)

2

FILED
Mar 29, 2002 8:00 am
Secretary of State

02-20-2002 90119 050 ****70.00

DOCUMENT # 719028

1. Entity Name

TAVARES AND GULF MODEL RAILROAD AND HISTORICAL SOCIETY, INC.

Principal Place of Business

Mailing Address

116 N. MAIN ST
 P O BOX 1267
 TRENTON FL 32693
 JS

416 N. MAIN ST
 P O BOX 1267
 TRENTON FL 32693
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

23-7073827

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional Fee Required

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FORBES, CLYDE S., JR.
416 N. MAIN ST
TRENTON FL 32693

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

TITLE	PDT	<input type="checkbox"/> Delete
NAME	FORBES, CLYDE S., JR.	
STREET ADDRESS	P.O. BOX 1267 NA	
CITY-ST-ZIP	TRENTON, FL 0	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	SHIPES, RICHARD G JR	
STREET ADDRESS	21235 WOLFBRANCH RD	
CITY-ST-ZIP	MOUNT DORA FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	DUSENBURY, WILLIAM	
STREET ADDRESS	20-203 SANDALWOOD DR	
CITY-ST-ZIP	WILDWOOD FL	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	
CITY-ST-ZIP	
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	
CITY-ST-ZIP	
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)(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

FORBES, JR

2-7-02

Date

352-463-1103

Daytime Phone #

CR2E037 (9/01)