

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 727414

1. Entity Name

COLUMBIA COUNTY HISTORICAL SOCIETY, INC.

FILED
Feb 04, 2000 8:00 am
Secretary of State

02-04-2000 90082 035 ****70.00

Principal Place of Business

C/O GARY SHIELDS
RT 10, BOX 408-A
LAKE CITY FL 32025
US

Mailing Address

C/O GARY SHIELDS
RT 10, BOX 408-A
LAKE CITY FL 32025-9135
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 **23-7362581**

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

CONE, J.I.
424 E CAMP ST
LAKE CITY FL 32055

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 DS ☐ Delete
NAME NELSON, BLOCKER
STREET ADDRESS 867 S 7TH ST
CITY-ST-ZIP LAKE CITY, FL 00000

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

TITLE T ☐ Delete
NAME SHIELDS, GARY
STREET ADDRESS RT 10 BOX 408-A
CITY-ST-ZIP LAKE CITY, FL 00000

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

TITLE P ☐ Delete
NAME WITT, GERALD
STREET ADDRESS 1720 PERRY ST
CITY-ST-ZIP LAKE CITY, FL 00000

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

TITLE D ☐ Delete
NAME MANN, MARION
STREET ADDRESS RT 2 BOX 54
CITY-ST-ZIP LAKE CITY, FL 00000

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

TITLE D ☐ Delete
NAME MOORE, ESTER
STREET ADDRESS RT 1 BOX 247
CITY-ST-ZIP LAKE CITY, FL 00000

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

TITLE D ☐ Delete
NAME HAWORTH, BERNICE
STREET ADDRESS 802 E PUTMAN ST
CITY-ST-ZIP LAKE CITY, FL 00000

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:

SIGNATURE REQUIRED

Treasurer

1-28-2000

Date

Daytime Phone #

CR2E037 (9/99)