

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

FILED
Jan 08, 2003 8:00 am
Secretary of State

01-08-2003 90049 006 ****70.00

DOCUMENT # 727414

1. Entity Name
COLUMBIA COUNTY HISTORICAL SOCIETY, INC.



Principal Place of Business

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

Mailing Address

1756 SW BARNETT WAY
LAKE CITY FL 32025
US

2. Principal Place of Business

1756 SW Barnett Way

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

32025

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. 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	DS	<input type="checkbox"/> Delete
NAME	NELSON, BLOCKER	
STREET ADDRESS	867 S 7TH ST	
CITY-ST-ZIP	LAKE CITY, FL 00000	
TITLE	T	<input type="checkbox"/> Delete
NAME	SHIELDS, GARY	
STREET ADDRESS	RT 10 BOX 408-A	
CITY-ST-ZIP	LAKE CITY, FL 00000	
TITLE	P	<input type="checkbox"/> Delete
NAME	WITT, GERALD	
STREET ADDRESS	1720 PERRY ST	
CITY-ST-ZIP	LAKE CITY, FL 00000	
TITLE	D	<input type="checkbox"/> Delete
NAME	MANN, MARION	
STREET ADDRESS	RT 2 BOX 54	
CITY-ST-ZIP	LAKE CITY, FL 00000	
TITLE	D	<input type="checkbox"/> Delete
NAME	MOORE, ESTER	
STREET ADDRESS	RT 1 BOX 247	
CITY-ST-ZIP	LAKE CITY, FL 00000	
TITLE	D	<input type="checkbox"/> Delete
NAME	HAWORTH, BERNICE	
STREET ADDRESS	802 E PUTMAN ST	
CITY-ST-ZIP	LAKE CITY, FL 00000	

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	
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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

1-4-2003 386-752-8264

CR2E037 (10/02)