

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 735873

1. Entity Name

ORMOND BEACH HISTORICAL TRUST, INC.

FILED

Jan 24, 2000 8:00 am
Secretary of State

01-24-2000 90013 002 ****61.25

Principal Place of Business

Mailing Address

274 CUMBERLAND AVE
BOX 2702
ORMOND BEACH FL 32174
US

274 CUMBERLAND AVE
BOX 2702
ORMOND BEACH FL 32174-5279
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

51-0199398

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

BOSTROM, J D
274 CUMBERLAND AVE
ORMOND BEACH FL 32174

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
NAME
STREET ADDRESS
CITY-ST-ZIP
BOSTROM, J D
274 CUMBERLAND AVE
ORMOND BEACH FL 32174 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
BARCLAY, CEYLON
1239 OCEAN SHORE BLVD #3B
ORMOND BEACH FL 32176 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
GARLAND, LARETTA DR
SEMERALD CIRCLE
ORMOND BEACH FL 32174 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP.
MR. LEWIS W. SLAUGHTER
53 N. ST. ANDREWS
ORMOND BEACH, FL 32174 ☒ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
LOHMAN, NANCY MRS.
733 W GRANADA BLVD
ORMOND BEACH FL 32174 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
GREENING, WILLIAM MR
228 RIVERSIDE DR
ORMOND BEACH FL 33176 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MR. ROBERT MILLER
199 N BEACH ST.
ORMOND BEACH FL 32174 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
CAUGHEY, J.H MS.
1 JOHN ANDERSON DR, 702
ORMOND BCH FL 32176 ☐ Delete

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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)