

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 740095

1. Entity Name

THE CEDAR KEY HISTORICAL SOCIETY, INC.

Principal Place of Business

P.O. BOX 222
CEDAR KEY FL 32625-0222

Mailing Address

P.O. BOX 222
CEDAR KEY FL 32625-0222

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1812643

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**DUDEN, DON E
650 1ST ST
CEDAR KEY FL 32625**

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 **PD** ☒ Delete
NAME **DAVENPORT, BOB**
STREET ADDRESS **3RD STREET**
CITY- ST- ZIP **CEDAR KEY FL 32625**

TITLE **PD** ☐ Change ☒ Addition
NAME **Arno Webster**
STREET ADDRESS **6650 SW 128th Terrace**
CITY- ST- ZIP **Cedar Key, FL 32625**

TITLE **SD** ☐ Delete
NAME **HELLERMAN, DORIS**
STREET ADDRESS **ENGLES DR AVE.**
CITY- ST- ZIP **CEDAR KEY FL 32625**

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

TITLE **TD** ☐ Delete
NAME **ROQUEMORE, DAVID**
STREET ADDRESS **11571 SW 154TH AVENUE**
CITY- ST- ZIP **CEDAR KEY FL 32625**

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

TITLE **VD** ☒ Delete
NAME **MCCAIN, KENNY**
STREET ADDRESS **HIGHWAY 345**
CITY- ST- ZIP **CEDAR KEY FL 32625**

TITLE **VID** ☐ Change ☒ Addition
NAME **Grady McLeod**
STREET ADDRESS **Andrews Circle**
CITY- ST- ZIP **Cedar Key, FL 32625**

TITLE **D** ☐ Delete
NAME **ANDREWS, JOHN**
STREET ADDRESS **1 OLD MILL DRIVE**
CITY- ST- ZIP **CEDAR KEY FL 32625**

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

TITLE **D** ☒ Delete
NAME **CAUSSEY, KATHRYN**
STREET ADDRESS **413 NE 17TH STREET**
CITY- ST- ZIP **TRENTON FL 32693**

TITLE **D** ☐ Change ☒ Addition
NAME **Susanmary Young**
STREET ADDRESS **Sunset Island**
CITY- ST- ZIP **Cedar Key, FL 32625**

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 it 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: *David Roquemore*

David Roquemore, Treasurer

Date

3/21/00 352/543-5874

Daytime Phone

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)