

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 748125

1. Entity Name

CLEARWATER HISTORICAL SOCIETY, INC.

Principal Place of Business

1350 S GREENWOOD AVE
P.O. BOX 175
CLEARWATER FL 33757

Mailing Address

1350 S GREENWOOD AVE
P.O. BOX 175
CLEARWATER FL 33757-0175

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

59-1938824

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

GROSS, ZADE B
2395 CAMPBELL RD
CLEARWATER FL 33765

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	<input type="checkbox"/> Delete
NAME	MCPHERSON, CHARLES	
STREET ADDRESS	9824 85TH ST W	
CITY-ST-ZIP	LARGO FL 33777	
TITLE	TD	<input type="checkbox"/> Delete
NAME	GROSS, ZADE B	
STREET ADDRESS	2395 CAMPBELL RD	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	HOLLEY, KAY	
STREET ADDRESS	1231 S. GREENWOOD AVE.	
CITY-ST-ZIP	CLEARWATER FL 33756	
TITLE	D	<input type="checkbox"/> Delete
NAME	MEASE, BETTIE	
STREET ADDRESS	1604 SUNSET DRIVE	
CITY-ST-ZIP	CLEARWATER FL 33755	
TITLE	D	<input type="checkbox"/> Delete
NAME	PERKINS, DAVID	
STREET ADDRESS	1404 SUNSET DRIVE	
CITY-ST-ZIP	CLEARWATER FL 33755	
TITLE	D	<input type="checkbox"/> Delete
NAME	SANDERS, MICHAEL	
STREET ADDRESS	411 ORANGEVIEW AVE.	
CITY-ST-ZIP	CLEARWATER FL 33755	

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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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:

Zade B. Gross
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90105 043 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)