

# 2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 26, 2002 8:00 am  
Secretary of State

02-26-2002 90076 019 \*\*\*\*61.25

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

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 ☐ Delete  
NAME MCPHERSON, CHARLES  
STREET ADDRESS 9824 85TH ST W  
CITY-ST-ZIP LARGO FL 33777

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

TITLE TD ☐ Delete  
NAME GROSS, ZADE B  
STREET ADDRESS 2395 CAMPBELL RD  
CITY-ST-ZIP CLEARWATER FL

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

TITLE S ☒ Delete  
NAME HOLLEY, KAY  
STREET ADDRESS 2101 SUNSET POINT RD  
CITY-ST-ZIP CLEARWATER FL 33765

TITLE ☒ Change ☐ Addition  
NAME Secretary  
STREET ADDRESS Ohr, Vivian T.  
CITY-ST-ZIP 1456 Rogers ST.  
CLEARWATER FL 33757

TITLE D ☐ Delete  
NAME MEASE, BETTIE  
STREET ADDRESS 1604 SUNSET DRIVE  
CITY-ST-ZIP CLEARWATER FL 33755

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

TITLE D ☐ Delete  
NAME PERKINS, DAVID  
STREET ADDRESS 1404 SUNSET DRIVE  
CITY-ST-ZIP CLEARWATER FL 33755

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

TITLE D ☐ Delete  
NAME SANDERS, MICHAEL  
STREET ADDRESS 411 ORANGEVIEW AVE.  
CITY-ST-ZIP CLEARWATER FL 33755

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E037 (9/01)