

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

FILED
Apr 10, 2003 8:00 am
Secretary of State

04-10-2003 90073 022 *****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

☐ CHECK HERE IF MAKING CHANGES



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**~~

*2757 Quail Hollow Rd E,
Clearwater FL 33761*

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

TITLE **PD** ☒ Change ☐ Addition
NAME **William Wallace, William**
STREET ADDRESS **606 TURNER ST**
CITY-ST-ZIP **CLEARWATER FL 33756**

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 **OHR, VIVIAN T**
STREET ADDRESS **1456 ROGERS ST.**
CITY-ST-ZIP **CLEARWATER FL 33757**

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

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: *Zade B. Gross* **3-31-03 727-799-2456**

CR2E037 (10/02)