# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Mar 20, 2000 8:00 am**
**Secretary of State**
03-20-2000 90131 024 ****61.25

DOCUMENT # 754443

1. Entity Name

INDIAN ROCKS BEACH HISTORICAL SOCIETY AND MUSEUM

| Principal Place of Business | Mailing Address |
|---|---|
| 304 15TH AVE<br>INDIAN ROCKS BEACH FL 33785<br>US | 1507 BAY PALM BLVD<br>INDIAN ROCKS BEACH FL 33785-2827<br>US |

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Same | Same |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

4. FEI Number 59-2052742 ☐ 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 |
|---|---|
| ELM, RICHARD G<br>484 HARBOR DR N<br>INDIAN ROCKS BEACH FL 33785 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 RICHARD G. ELM Richard G. Elm 2/22/2000
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 | PD<br>ELM, RICHARD G<br>47=84 HARBOR DR N<br>INDIAN ROCKS BEACH FL 33785 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>IRWIN, ZEVA<br>2 FIFTH AVENUE NO<br>INDIAN ROCKS BEACH FL 33785 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>HARWOOD, JACKIE<br>PO BOX 186<br>INDIAN ROCKS BCH FL 33785 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>WESTFALL, LYDA<br>13531 - 90th TERRACE NO<br>SEMINOLE, FL 33776 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>KOSTOFF, HELEN<br>14130 ROSEMARY LANE #5101<br>LARGO FL 33774 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>BARCIA, KAYE<br>131 BLUFF VIEW DR. #208<br>BELLEAIR BLUFFS, FL 33770 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>HOLLAND, ALICE D<br>101 GULF BLVD<br>BELLEAIR BEACH FL 33786 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>ROBINSON, JOHN<br>311 LA HACIENDA DRIVE<br>INDIAN ROCKS BEACH, FL 33785 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>IRWIN, ZEVA<br>2 FIFTH AVE NO<br>INDIAN ROCKS BEACH FL 33785 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>LEMKE, HELEN<br>12801 137TH LANE N<br>LARGO FL 33774 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

CR2E037 (9/99)

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:** Richard G. Elm SIGNATURE REQUIRED 2/22/2000 727-593-3861
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #