

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State

04-23-2001 90043 028 ****61.25

DOCUMENT # 754443

1. Entity Name

INDIAN ROCKS BEACH HISTORICAL SOCIETY AND MUSEUM

Principal Place of Business

304 15TH AVE
 INDIAN ROCKS BEACH FL 33785
 US

Mailing Address

1507 BAY PALM BLVD
 INDIAN ROCKS BEACH FL 33785
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2052742

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

ELM, RICHARD G
 484 HARBOR DR N
 INDIAN ROCKS BEACH FL 33785

7. Name and Address of New Registered Agent

Name **Robinson, John**

Street Address (P.O. Box Number is Not Acceptable)

311 La Hacienda Dr

Indian Rocks Beach, FL 33785

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 **John T. Robinson**

John T. Robinson

4-17-01

Signature, typed or printed name of registered agent and use 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

TITLE	PD	☐ Delete
NAME	ELM, RICHARD G	
STREET ADDRESS	47-84 HARBOR DR N	
CITY-ST-ZIP	INDIAN ROCKS BEACH FL 33785	
TITLE	VD	☐ Delete
NAME	HARWOOD, JACKIE	
STREET ADDRESS	PO BOX 186	
CITY-ST-ZIP	INDIAN ROCKS BCH FL 33785	
TITLE	SD	☐ Delete
NAME	KOSTOFF, HELEN	
STREET ADDRESS	14130 ROSEMARY LANE #5101	
CITY-ST-ZIP	LARGO FL 33774	
TITLE	D	☐ Delete
NAME	WESTFALL, LYDA	
STREET ADDRESS	13531 90TH TERR. NO	
CITY-ST-ZIP	SEMINOLE FL 33776	
TITLE	D	☐ Delete
NAME	ROBINSON, JOHN	
STREET ADDRESS	311 LA HACIENDA DR.	
CITY-ST-ZIP	INDIAN ROCKS BEACH FL 33785	
TITLE	D	☐ Delete
NAME	BARCIA, KAYE	
STREET ADDRESS	131 BLUFF VIEW DR. #208	
CITY-ST-ZIP	BELLEFAIR BLUFFS FL 33770	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	☒ Change ☐ Addition
NAME	Robinson, John	
STREET ADDRESS	311 La Hacienda Dr.	
CITY-ST-ZIP	Indian Rocks Beach, FL 33785	
TITLE	VD	☒ Change ☐ Addition
NAME	Westfall, Lyda	
STREET ADDRESS	13531-90th Terr. No	
CITY-ST-ZIP	Seminole, FL 33776	
TITLE	SD	☐ Change ☒ Addition
NAME	Kostoff, Helen	
STREET ADDRESS	14130 Rosemary Lane, Apt 5101	
CITY-ST-ZIP	Largo, FL 33774	
TITLE	TR	☒ Change ☐ Addition
NAME	Harwood, Jackie	
STREET ADDRESS	P. O. Box 186	
CITY-ST-ZIP	Indian Rocks Beach, FL 33785	
TITLE	D	☐ Change ☒ Addition
NAME	Palamara, Karin	
STREET ADDRESS	102 - 15th Ave	
CITY-ST-ZIP	Indian Rocks Beach, FL 33785	
TITLE	D	☐ Change ☒ Addition
NAME	Westfall, Tom	
STREET ADDRESS	13531 - 90th Terr. No	
CITY-ST-ZIP	Seminole, FL 33776	

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:

John T. Robinson
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-01
 Date

(727) 675-0466
 Daytime Phone #

CR2E037 (10/00)