

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2002 8:00 am
Secretary of State

0061361

DOCUMENT # 754443

1. Entity Name

INDIAN ROCKS BEACH HISTORICAL SOCIETY AND MUSEUM, INC.

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

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

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

**ROBINSON, JOHN
 31 LA HACIENDA DR
 INDIAN ROCKS BEACH FL 33785**

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 **ROBINSON, JOHN**
 STREET ADDRESS **311 LA HACIENDA DR**
 CITY-ST-ZIP **INDIAN ROCKS BEACH FL 33785**

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

TITLE **VD** ☐ Delete
 NAME **WESTFALL, LYDA**
 STREET ADDRESS **13531-90TH TERRACE NORTH**
 CITY-ST-ZIP **SEMINOLE FL 33776**

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

TITLE **SD** ☐ Delete
 NAME **KOSTOFF, HELEN**
 STREET ADDRESS **14130 ROSEMARY LANE #5101**
 CITY-ST-ZIP **LARGO FL 33774**

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

TITLE **TR** ☐ Delete
 NAME **HARWOOD, JACKIE**
 STREET ADDRESS **PO BOX 186**
 CITY-ST-ZIP **INDIAN ROCKS BEACH FL 33785**

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

TITLE **D** ☐ Delete
 NAME **PALAMARA, KARIN**
 STREET ADDRESS **102-15TH AVE**
 CITY-ST-ZIP **INDIAN ROCKS BEACH FL 33785**

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

TITLE **D** ☐ Delete
 NAME **BARCIA, KAYE**
 STREET ADDRESS **131 BLUFF VIEW DR. #208**
 CITY-ST-ZIP **BELLEAIR BLUFFS FL 33770**

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: *Jacqueline J. Harwood*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

727-593-3861

CR2E037 (9/01)