

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 764436

1. Entity Name

HISTORICAL SOCIETY OF GREATER LAKE PLACID, INC.

Principal Place of Business

19 PARK AVENUE WEST
PO BOX 304
LAKE PLACID FL 33852

Mailing Address

19 PARK AVENUE WEST
PO BOX 304
LAKE PLACID FL 33862-0304
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BIRDSALL, SUE
350 FLAMINGO ST
LAKE PLACID FL 33852

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 P
NAME ROBERTS, BETTY R
STREET ADDRESS 506 TWYLA BLVD
CITY-ST-ZIP LAKE PLACID FL 33852

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME STALLS, S H
STREET ADDRESS 296 LAKE PEARL DR
CITY-ST-ZIP LAKE PLACID FL 33852

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE RSCC
NAME ALIFF, CAROLYN
STREET ADDRESS 48 GLORY DR
CITY-ST-ZIP LAKE PLACID FL 33852

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VPD
NAME PARRISH, GRADY
STREET ADDRESS 113 LAKE FRONT LANE
CITY-ST-ZIP LAKE PLACID FL 33852

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE T
NAME BIRDSALL, SUE
STREET ADDRESS 350 FLAMINGO ST
CITY-ST-ZIP LAKE PLACID FL 33852

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME TYSON, ALAN
STREET ADDRESS 1346 LAKE CLAY DR
CITY-ST-ZIP LAKE PLACID FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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:

Sue Birdsell

3-17-2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Mar 21, 2000 8:00 am
Secretary of State

03-21-2000 90012 037 ****61.25

031104



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2277779

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

CR2E037 (9/99)