

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 27, 2002 8:00 am**  
**Secretary of State**

05-27-2002 90368 041 \*\*\*\*61.25

**DOCUMENT # 764436**

1. Entity Name  
**HISTORICAL SOCIETY OF GREATER LAKE PLACID, INC.**

Principal Place of Business <b>19 PARK AVENUE WEST PO BOX 304 LAKE PLACID FL 33852</b>	Mailing Address <b>19 PARK AVENUE WEST PO BOX 304 LAKE PLACID FL 33862 US</b>
---	--

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>59-2277779</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>BIRDSALL, SUE 350 FLAMINGO ST LAKE PLACID FL 33852</b>	7. Name and Address of New Registered Agent Name <b>Peggy Durrance</b> Street Address (P.O. Box Number is Not Acceptable) City <b>Lake Placid</b> FL Zip Code <b>33852</b>
--	---

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 *Peggy Durrance* **Peggy Durrance Treas.** DATE **5-1-02**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
---------------------------------	---	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>ROBERTS, BETTY R</b> <b>506 TWYLA BLVD</b> <b>LAKE PLACID FL 33852</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>JIM LIPSCOMB - President</b> <b>347 Lime Rd N.W.</b> <b>LAKE PLACID, FL 33852</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>STALLS, S H</b> <b>296 LAKE PEARL DR</b> <b>LAKE PLACID FL 33852</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Title</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>RSCC</b> <b>ALIFF, CAROLYN</b> <b>48 GLORY DR</b> <b>LAKE PLACID FL 33852</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Title</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD</b> <b>PARRISH, GRADY</b> <b>113 LAKE FRONT LANE</b> <b>LAKE PLACID FL 33852</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Museum Co</b> <b>Title</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>BIRDSALL, SUE</b> <b>350 FLAMINGO ST</b> <b>LAKE PLACID FL 33852</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Treasurer</b> <b>Peggy Durrance</b> <b>121 orange rd NW</b> <b>lake placid, FL 33852</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BOWERS, BOB</b> <b>3220 OLEADER</b> <b>LAKE PLACID FL</b>	TITLE 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: *Peggy Durrance* **Peggy Durrance** DATE **5-1-02** Daytime Phone # **863 465 4834**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/01)

Attachment

#764436

D  
Norman Bozeman  
649 S Lakeview Rd  
Lake Placid, FL 33852

Addition

VP  
Pat Bricker  
2971 Lake June Blvd  
Lake Placid, FL 33852

Addition

Sec  
Sharla Elliot  
P.O. Box 3131  
Lake Placid, FL 33862

Addition