

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 764802

1. Entity Name

SOUTHEAST VOLUSIA HISTORICAL SOCIETY, INC.

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90123 029 ****61.25

Principal Place of Business

201 SAMS AVE.
NEW SMYRNA BEACH FL 32170
US

Mailing Address

P O BOX 968
NEW SMYRNA BEACH FL 32170-0968
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2451690

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

WOLSFELT, GOERGE
115 WASHINGTON STREET
NEW SMYRNA BEACH FL 32168

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
NAME SHELDON, GENE ☐ Delete
STREET ADDRESS P.O. BOX 849/336 PINEBREEZE DR
CITY-ST-ZIP EDGEWATER FL 32132

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

TITLE VD ☒ Delete
NAME SWEET, LARRY
STREET ADDRESS 1309 MAGNOLIA STREET
CITY-ST-ZIP NEW SMYRNA BEACH FL 32168

TITLE ☒ Change ☒ Addition
NAME JAMES MCGEE
STREET ADDRESS 4225 S. ATLANTIC AVE - Unit 14
CITY-ST-ZIP New Smyrna Beach, FL 32169

TITLE SD ☒ Delete
NAME WHITE, CYNTHIA
STREET ADDRESS 202 BEACHWAY AVE
CITY-ST-ZIP NEW SMYRNA BEACH FL 32169

TITLE ☐ Change ☒ Addition
NAME GAIL HENRIKSON
STREET ADDRESS 303 CORTEZ ST
CITY-ST-ZIP New Smyrna Beach, FL 32169

TITLE TD ☐ Delete
NAME JONES, KATHLEEN
STREET ADDRESS 1307 TURNBULL ST
CITY-ST-ZIP NEW SMYRNA BEACH FL 32169

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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:

Signature of Sheldon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/ 11/ 2000
Date Daytime Phone #

CR2E037 (9/99)