

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 764802

1. Entity Name

SOUTHEAST VOLUSIA HISTORICAL SOCIETY, INC.

FILED
Jan 21, 2002 8:00 am
Secretary of State

01-21-2002 90002 025 *****61.25

0059548

Principal Place of Business
201 SAMS AVE.
NEW SMYRNA BEACH FL 32170
US

Mailing Address
P O BOX 968
NEW SMYRNA BEACH FL 32170
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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

WOLSFELT, GOERGE
115 WASHINGTON STREET
NEW SMYRNA BEACH FL 32168

7. Name and Address of New Registered Agent

Name: Jim McGee
Street Address (P.O. Box Number is Not Acceptable)
4225 S. Atlantic Ave - Unit 141
City: New Smyrna Beach FL Zip Code: 32169

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: Jim McGee, President

(NOTE: Registered Agent signature required when reinstating)

Jan 8, 2002
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	<input type="checkbox"/> Delete
NAME	MC GEE, JIM	
STREET ADDRESS	4225 S. ATLANTIC AVE. UNIT 141	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32169	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	HALL, CHARLES	
STREET ADDRESS	389 OTTER BLVD.	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HENRIKSON, GAIL	
STREET ADDRESS	303 CORTEZ ST	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32169	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	JONES, KATHLEEN	
STREET ADDRESS	1307 TURNBULL ST	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32169	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Vice Pres.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Borland, David	
STREET ADDRESS	1423 Live Oak St.	
CITY-ST-ZIP	New Smyrna Beach, FL 32168	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Patterson, Irene	
STREET ADDRESS	2520 India Palm	
CITY-ST-ZIP	Edgewater, FL 32141	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 8, 2002

Date

(386) 423-6741

Daytime Phone #

CR2E037 (9/01)