

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 765178

1. Entity Name

FLORIDA GULF COAST RAILROAD MUSEUM, INC.

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90030 015 ****61.25

Principal Place of Business

Mailing Address

% P.O. BOX 355
PARRISH FL 34219

P.O. BOX 2283
PALM HARBOR FL 34682-2283
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

59-2261446

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

WARREN, MIKE
1971 GROVELAND RD
PALM HARBOR FL 34683

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	D	<input checked="" type="checkbox"/> Delete
NAME	JOHNSON, C.W.	
STREET ADDRESS	5850 WILLIS RD.	
CITY-ST-ZIP	PALMETTO FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ARWE, ALFRED	
STREET ADDRESS	5808 4TH AVE. N.W.	
CITY-ST-ZIP	BRADENTON FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KEN CLARK,	
STREET ADDRESS	4216 LONGHORN DR.	
CITY-ST-ZIP	SARASOTA FL 34233	
TITLE	PD	<input type="checkbox"/> Delete
NAME	HERRON, JAMES R.	
STREET ADDRESS	2016 VILLAGE AVENUE	
CITY-ST-ZIP	TAMPA FL	
TITLE	PT	<input checked="" type="checkbox"/> Delete
NAME	WARREN, MIKE	
STREET ADDRESS	1971 GROVELAND RD	
CITY-ST-ZIP	PALM HARBOR FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	CROSS, RALPH	
STREET ADDRESS	4304 96 AVE. E.	
CITY-ST-ZIP	PARRISH FL 34219	

TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Michael Melstegitis	
STREET ADDRESS	704 S. Newport Ave	
CITY-ST-ZIP	Tampa FL 33606	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John McQuigg	
STREET ADDRESS	11509 Arroyo Rd	
CITY-ST-ZIP	Tampa FL 33619	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gene Shattman	
STREET ADDRESS	2146 9th St	
CITY-ST-ZIP	Sarasota FL 34237	
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		
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

Date

Daytime Phone #

2/26/00

CR2E037 (9/99)