

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 765178

1. Entity Name

FLORIDA GULF COAST RAILROAD MUSEUM, INC.

Principal Place of Business

% P.O. BOX 355
PARRISH FL 34219

Mailing Address

P.O. BOX 2283
PALM HARBOR FL 34682
US

2. Principal Place of Business

3. Mailing Address

P.O. BOX 355

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
ELLEN PARRISH, FL.

Zip

Country

Zip

Country

34219

MANATEE

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
4865 LAKE VALENCIA BLVD. W
PALM HARBOR FL 34683

Name

JAMES R. HERRON

Street Address (P.O. Box Number is Not Acceptable)

2016 VILLAGE AVE

City

TAMPA

FL

Zip Code

33616

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.

JAMES R. HERRON, PRESIDENT

DATE

3/11/02

(NOTE: Registered Agent signature required when reinstating)

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
NAME MEKSIAIUS, MICHAEL ☐ Delete
STREET ADDRESS 704 S. NEWPORT AVE
CITY-ST-ZIP PALMETTO FL

TITLE ☒ Change ☐ Addition
NAME MEKSRAITIS, MICHAEL
STREET ADDRESS
CITY-ST-ZIP TAMPA, FL. 33606

TITLE D ☒ Delete
NAME MCQUIGG, JOHN
STREET ADDRESS 11509 ARECA RD
CITY-ST-ZIP TAMPA FL 33618

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

TITLE D ☐ Delete
NAME STRATTMAN, GENE
STREET ADDRESS 2146 -9TH ST
CITY-ST-ZIP SARASOTA FL 34237

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

TITLE PD ☐ Delete
NAME HERRON, JAMES R.
STREET ADDRESS 2016 VILLAGE AVENUE
CITY-ST-ZIP TAMPA FL

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 2016 VILLAGE AVE. NORTH
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILLIAM J. MADDOCK, TREAS.

Date

Daytime Phone #

FILED
Mar 27, 2002 8:00 am
Secretary of State

03-27-2002 90040 025 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)