

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90111 046 ****61.25

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 355
PARRISH FL 34219
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

HERRON, JAMES R
2016 VILLAGE AVE
TAMPA FL 33616

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **MEKSRAITIS, MICHAEL**
STREET ADDRESS **704 S. NEWPORT AVE**
CITY-ST-ZIP **TAMPA FL 33606**

TITLE **D** ☐ Change ☒ Addition
NAME **DUNHAM, DR. EDWARD**
STREET ADDRESS **6405 - 67TH ST. E.**
CITY-ST-ZIP **PALMETTO, FL. 34221**

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

TITLE **D** ☐ Change ☒ Addition
NAME **FITZGERALD, MARK**
STREET ADDRESS **4613 ESPERANZA AVE.**
CITY-ST-ZIP **TAMPA, FL. 33611**

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

TITLE **D** ☐ Change ☒ Addition
NAME **MARTINET, MARK**
STREET ADDRESS **7202 YARDLEY WAY**
CITY-ST-ZIP **TAMPA, FL. 33647**

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

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

TITLE **TD** ☐ Delete
NAME **MADDOCK, WILLIAM J**
STREET ADDRESS **3108 DONNA DRIVE**
CITY-ST-ZIP **ELLENTON FL 34222**

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

TITLE **D** ☐ Delete
NAME **JOBSON, KENNETH**
STREET ADDRESS **8505 71ST AVE EAST**
CITY-ST-ZIP **PALMETTO FL 34221**

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:

William J. Maddock **WILLIAM J. MADDOCK** 4/15/03 941-723-0755

CR2E037 (10/02)