

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91622 033 ****61.25

DOCUMENT # N000000000608

1. Entity Name

HISTORICAL SOCIETY OF PARKLAND FLORIDA INC.

Principal Place of Business

Mailing Address

6600 UNIVERSITY DR.
 PARKLAND FL 33067

6600 UNIVERSITY DR.
 PARKLAND FL 33067

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-1048501

Applied For

Not Applicable

Zip

Country

Zip

Country

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

BOCKHOLD, H J
7373 N.W. 82ND TERRACE
PARKLAND FL 33067-1099

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 ☐ Delete
 NAME **PD**
 STREET ADDRESS **BOCKHOLD, HAROLD**
 CITY-ST-ZIP **7373 N.W. 82ND TER.,**
PARKLAND FL

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

TITLE ☒ Delete
 NAME **1VPD**
 STREET ADDRESS **CUNNINGHAM, MAURA**
 CITY-ST-ZIP **6586 NW 97TH DR.**
PARKLAND FL 33067

TITLE ☐ Change ☐ Addition
 NAME **1VPD**
 STREET ADDRESS **DESAHAN, WALTER**
 CITY-ST-ZIP **6900 NW 83RD TERR**
PARKLAND FL 33067

TITLE ☐ Delete
 NAME **RSD**
 STREET ADDRESS **LYNOTT, HELEN**
 CITY-ST-ZIP **5917 N.W. 72ND WAY**
PARKLAND FL 33067

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

TITLE ☐ Delete
 NAME **T**
 STREET ADDRESS **SEXTON, MARY J**
 CITY-ST-ZIP **5816 N.W. 77TH TERR.**
PARKLAND FL 33067

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:

MARY JANE SEXTON **4/17/02** **954-752-8799**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)