

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Jan 14, 2002 8:00 am
Secretary of State

01-14-2002 90031 034 ****61.25

DOCUMENT # N00000000786

1. Entity Name

**U.S.S. BROOKLYN ASSOCIATION HISTORICAL SOCIETY,
INC.**

Principal Place of Business

**% CLARENCE GILBERT
5238 PALMITA COURT, SUITE 93
NEW PORT RICHEY FL 34655**

Mailing Address

**% CLARENCE GILBERT
5238 PALMITA COURT, SUITE 93
NEW PORT RICHEY FL 34655**

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

48-0901689

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

**SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134**

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 \$61.259. 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	P	<input type="checkbox"/> Delete
NAME	ATCHISON, RICHARD	
STREET ADDRESS	5238 PALMITA COURT, SUITE 93	
CITY-ST-ZIP	NEW PORT RICHEY FL 34655	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	V	<input type="checkbox"/> Delete
NAME	LAZARITES, WEBB	
STREET ADDRESS	5238 PALMITA COURT, SUITE 93	
CITY-ST-ZIP	NEW PORT RICHEY FL 34655	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	ST	<input type="checkbox"/> Delete
NAME	GILBERT, CLARENCE	
STREET ADDRESS	5238 PALMITA COURT, SUITE 93	
CITY-ST-ZIP	NEW PORT RICHEY FL 34655	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	POLIDOR, LEANARD	
STREET ADDRESS	5238 PALMITA COURT, SUITE 93	
CITY-ST-ZIP	NEW PORT RICHEY FL 34655	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	OTT, JOHN	
STREET ADDRESS	5238 PALMITA COURT, SUITE 93	
CITY-ST-ZIP	NEW PORT RICHEY FL 34655	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	CAPRI, JACK	
STREET ADDRESS	5238 PALMITA COURT, SUITE 93	
CITY-ST-ZIP	NEW PORT RICHEY FL 34655	

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 REQUIRED

Date

Daytime Phone #

1-07-02 272-375-5587

CR2E037 (9/01)