

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

FILED
Jan 10, 2003 8:00 am
Secretary of State

01-10-2003 90040 049 ****61.25

DOCUMENT # N00000000786

1. Entity Name

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



Principal Place of Business

% CLARENCE GILBERT

2079 59th St. N

Clearwater, FL 33760

Mailing Address

% CLARENCE GILBERT

2079 59th St. N

Clearwater, FL 33760

2. Principal Place of Business

3. Mailing Address

St. Uss Brooklyn Assoc
C Gilbert Sec/Tres

2079 59th St N

Clearwater, FL 33760

Suite, Apt. #, etc.

Uss Brooklyn Assoc

C Gilbert Sec/Tres

2079 59th St N

Clearwater, FL 33760

Zip

Country

PINELLAS

PINELLAS

☐ CHECK HERE IF MAKING CHANGES

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. 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 **P**
NAME **ATCHISON, RICHARD**
STREET ADDRESS **2079 59th St. N**
CITY-ST-ZIP **93**
Clearwater, FL 33760

☒ Delete

TITLE **PRESIDENT**
NAME **WEBB LAZARITES**
STREET ADDRESS **2079 59th St. N**
CITY-ST-ZIP **93**
Clearwater, FL 33760

☒ Change ☐ Addition

TITLE **V**
NAME **LAZARITES, WEBB**
STREET ADDRESS **2079 59th St. N**
CITY-ST-ZIP **93**
Clearwater, FL 33760

☒ Delete

TITLE **V. PRESIDENT**
NAME **LEN MOSS**
STREET ADDRESS **2079 59th St. N**
CITY-ST-ZIP **93**
Clearwater, FL 33760

☒ Change ☐ Addition

TITLE **ST**
NAME **GILBERT, CLARENCE**
STREET ADDRESS **Uss Brooklyn Assoc**
CITY-ST-ZIP **33**
2079 59th St. N
Clearwater, FL 33760

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **P**
NAME **POLIDOR, LEANARD**
STREET ADDRESS **2079 59th St. N**
CITY-ST-ZIP **93**
Clearwater, FL 33760

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **D**
NAME **OTT, JOHN**
STREET ADDRESS **2079 59th St. N**
CITY-ST-ZIP **93**
Clearwater, FL 33760

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **D**
NAME **CAPRI, JACK**
STREET ADDRESS **2079 59th St. N**
CITY-ST-ZIP **93**
Clearwater, FL 33760

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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: *CLARENCE E. GILBERT* CLARENCE E. GILBERT 1-727-531-1314

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER

CR2E037 (10/02)