

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State

01-15-2002 90053 041 ****61.25

DOCUMENT # N00000004518

1. Entity Name

THE DICKENSONIAN SOCIETY, INC.

Principal Place of Business

Mailing Address

**406 EUGENIA RD.
 VERO BEACH FL 32963**

**406 EUGENIA RD.
 VERO BEACH FL 32963**

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

APPLIED FOR

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

**TAYLOR, JAMES A III
 406 EUGENIA RD.
 VERO BEACH FL 32963**

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 NAME STREET ADDRESS CITY-ST-ZIP	D TAYLOR, JAMES A III 5070 N. HWY. A-1-A, STE. 200 VERO BEACH FL 32963	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TAYLOR, USA B 406 EUGENIA RD. VERO BEACH FL 32963	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TAYLOR, RAYMOND V 605 CLAYTON ST. ORLANDO FL 32904	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

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

SIGNATURE REQUIRED **A. TAYLOR, III**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/7/02

561-231-4440

CR2E037 (9/01)

Attachment 31994
#N000000045-13 COPY

Form **SS-4**

(Rev. April 2000)
Department of the Treasury
Internal Revenue Service

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

▶ **Keep a copy for your records.**

EIN

OMB No. 1545-0003

Please type or print clearly.

1 Name of applicant (legal name) (see instructions)

The Dickensonian Society, Inc.

2 Trade name of business (if different from name on line 1)

3 Executor, trustee, "care of" name

4a Mailing address (street address) (room, apt., or suite no.)

406 Eugenia Road

5a Business address (if different from address on lines 4a and 4b)

4b City, state, and ZIP code

Vero Beach, Florida 32963

5b City, state, and ZIP code

6 County and state where principal business is located

Indian River County, Florida

7 Name of principal officer, general partner, grantor, owner, or trustor—SSN or ITIN may be required (see instructions) ▶ **262-33-8153**

J. Atwood Taylor, III

8a Type of entity (Check only one box.) (see instructions)

Caution: If applicant is a limited liability company, see the instructions for line 8a.

☐ Sole proprietor (SSN)

☐ Partnership

☐ REMIC

☐ State/local government

☐ Church or church-controlled organization

☒ Other nonprofit organization (specify) ▶ **literary society** (enter GEN if applicable)

☐ Other (specify) ▶

☐ Personal service corp.

☐ National Guard

☐ Farmers' cooperative

☐

☐ Estate (SSN of decedent)

☐ Plan administrator (SSN)

☐ Other corporation (specify) ▶

☐ Trust

☐ Federal government/military

8b If a corporation, name the state or foreign country (if applicable) where incorporated. State

Florida

Foreign country

9 Reason for applying (Check only one box.) (see instructions)

☒ Started new business (specify type) ▶ **formed new corporation**

☐ Hired employees (Check the box and see line 12.)

☐ Created a pension plan (specify type) ▶

☐ Banking purpose (specify purpose) ▶

☐ Changed type of organization (specify new type) ▶

☐ Purchased going business

☐ Created a trust (specify type) ▶

☐ Other (specify) ▶

10 Date business started or acquired (month, day, year) (see instructions)

July 7, 2000

11 Closing month of accounting year (see instructions)

December

12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) ▶ **N/A**

13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0-. (see instructions) ▶

Nonagricultural

Agricultural

Household

-0-

-0-

-0-

14 Principal activity (see instructions) ▶

15 Is the principal business activity manufacturing?

If "Yes," principal product and raw material used ▶

☐ Yes ☒ No

16 To whom are most of the products or services sold? Please check one box.

☐ Public (retail)

☐ Other (specify) ▶

☐ Business (wholesale)

☒ N/A

17a Has the applicant ever applied for an employer identification number for this or any other business? ☒ Yes ☐ No
Note: If "Yes," please complete lines 17b and 17c.

17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.
Legal name ▶ **J. Atwood Taylor, III** Trade name ▶ **J. ATWOOD TAYLOR, III CHARTERED**

17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.
Approximate date when filed (mo., day, year) City and state where filed

Vero Beach, Florida

Previous EIN

65 0922835

Business telephone number (include area code)

(772) 231-4440

Fax telephone number (include area code)

(772) 231-4430

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Name and title (Please type or print clearly.) ▶ **J. ATWOOD TAYLOR, III, Director**

Signature ▶

Date ▶ **April 30, 2002**

Note: Do not write below this line. For official use only.

Please leave blank ▶

Geo.

Ind.

Class

Size

Reason for applying