

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90670 050 ****61.25

DOCUMENT # N00000005982

1. Entity Name

FLORIDA MILITARY HERITAGE MUSEUM, INC.

Principal Place of Business

**1200 W. RETTA ESPLANADE, B4
PUNTA GORDA FL 33950**

Mailing Address

**1200 W. RETTA ESPLANADE, B4
PUNTA GORDA FL 33950**

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 511141

Suite, Apt. #, etc.

City & State

City & State

PUNTA GORDA, FL

Zip

Country

Zip

Country

33951-1141

4. FEI Number

65-1036360

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LUKASIK, FRANK A
201 W MARION AVE #201
PUNTA GORDA FL 33950**

7. Name and Address of New Registered Agent

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

TITLE **VD** ☐ Delete
NAME **PRIER, CLYDE**
STREET ADDRESS **548 LAUREL AVE**
CITY-ST-ZIP **PUNTA GORDA FL 33952**

TITLE **VD** ☐ Delete
NAME **LUKASIK, FRANK A**
STREET ADDRESS **1250 W MARION AVE #142**
CITY-ST-ZIP **PUNTA GORDA FL 33950**

TITLE **PD** ☐ Delete
NAME **BRANNON, DAVID L**
STREET ADDRESS **1314 HARBOR BLVD**
CITY-ST-ZIP **PORT CHARLOTTE FL 33952**

TITLE **SD** ☐ Delete
NAME **RINEHART, JOYCE**
STREET ADDRESS **21556 EDGEWATER DRIVE**
CITY-ST-ZIP **PORT CHARLOTTE FL 33952**

TITLE **TD** ☒ Delete
NAME **MIELKE, LEONARD**
STREET ADDRESS **343 MADRID BLVD.**
CITY-ST-ZIP **PUNTA GORDA FL 33982**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **TD** ☐ Change ☒ Addition
NAME **RONALD OLSEN**
STREET ADDRESS **2246 DEBORAH DR**
CITY-ST-ZIP **PUNTA GORDA, FL 33950**

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

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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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/3/02

Daytime Phone #

941 639-0888

CR2E037 (9/01)