

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

FILED
Feb 18, 2003 8:00 am
Secretary of State

02-18-2003 90110 010 ****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

**PO BOX 511141
PUNTA GORDA FL 33951-1141**

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 **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 **CLYDE PRIER**

Street Address (P.O. Box Number is Not Acceptable).

548 LAUREL AVE

City **PORT CHARLOTTE**

FL

Zip Code **33952**

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

Clyde Prier **CLYDE PRIER, PRESIDENT** **2/14/03**

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

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 **OLSEN, RONALD**
STREET ADDRESS **2246 DEBORAH DR**
CITY-ST-ZIP **PUNTA GORDA FL 33950**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **PORT CHARLOTTE FL 33952**

TITLE **VD** ☐ Change ☒ Addition
NAME **GEORGE SPEIDELL**
STREET ADDRESS **113 AURORA ST.**
CITY-ST-ZIP **PORT CHARLOTTE FL 33948**

TITLE **VD** ☐ Change ☒ Addition
NAME **AUGUSTINO TRAVALLY**
STREET ADDRESS **606 MONACO DR**
CITY-ST-ZIP **PUNTA GORDA FL 33950**

TITLE **VD** ☐ Change ☒ Addition
NAME **RAYMOND KISH**
STREET ADDRESS **25419 BABETTE CT.**
CITY-ST-ZIP **PUNTA GORDA FL 33950**

TITLE **VD** ☐ Change ☒ Addition
NAME **DAVID WEAVER**
STREET ADDRESS **23160 WICKER AVE.**
CITY-ST-ZIP **PORT CHARLOTTE FL 33980**

TITLE **VD** ☐ Change ☒ Addition
NAME **KEVIN SHERIDAN**
STREET ADDRESS **25188 MARION AVE WPT B206**
CITY-ST-ZIP **PORT CHARLOTTE FL 33950**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

2/14/03

639-0888

CR2E037 (10/02)