

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 01000002167

1. Entity Name

THE BROOKSVILLE MURAL SOCIETY, INC.

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

02-13-2002 90113 022 \*\*\*\*61.25

Principal Place of Business

Mailing Address

201 NORTH HOWELL AVENUE  
BROOKSVILLE FL 34601

201 NORTH HOWELL AVENUE  
BROOKSVILLE FL 34601

2. Principal Place of Business

601 MUSEUM CT.

3. Mailing Address

601 MUSEUM CT.

Suite, Apt. #, etc.

BROOKSVILLE, FL

Suite, Apt. #, etc.

BROOKSVILLE

City & State

FL

City & State

FL

4. FEI Number

593718195

☒ Applied For

☐ Not Applicable

DO NOT WRITE IN THIS SPACE

Zip

34601

Country

Zip

34601

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

PHILLIPS, KAREN L  
201 NORTH HOWELL AVENUE  
BROOKSVILLE FL 34601

7. Name and Address of New Registered Agent

Name Virginia Jackson

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

601 Museum Ct.

City Brooksville

FL

Zip Code 34601

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

Virginia Jackson

Signature, type or printed name of registered agent and file 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 D CHAIRMAN ☐ Delete  
NAME QUEIROS, MARY ALICE  
STREET ADDRESS 12128 CLUBHOUSE ROAD  
CITY-ST-ZIP BROOKSVILLE FL 34613

TITLE D ☒ Delete  
NAME WARD, VALDORA  
STREET ADDRESS 19 NATELLE STREET  
CITY-ST-ZIP BROOKSVILLE FL 34601

TITLE D-VICE-CHAIRMAN ☐ Delete  
NAME JOHNSTON, DIANA T  
STREET ADDRESS 15 ALTA VISTA AVENUE  
CITY-ST-ZIP BROOKSVILLE FL 34601

TITLE D TREASURER ☐ Delete  
NAME MATILAINEN, MAXINE R  
STREET ADDRESS 8497 AMBER RIDGE DRIVE  
CITY-ST-ZIP RIDGE MANOR FL 33523

TITLE D ☒ Delete  
NAME COVELL, JAMES A  
STREET ADDRESS 26 EAST LIBERTY STREET  
CITY-ST-ZIP BROOKSVILLE FL 34601

TITLE D ☒ Delete  
NAME HEINS, VICTOR F  
STREET ADDRESS 10462 CASA GRANDE CIRCLE  
CITY-ST-ZIP SPRING HILL FL 34608

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE SECRETARY ☐ Change ☐ Addition  
NAME DARLENE MCCLLOUD  
STREET ADDRESS 313 MAIN ST.

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

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

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

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

TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 29 2002

Daytime Phone #

CR2E037 (9/01)