

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

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91908 034 ****61.25

DOCUMENT # NOI 000 005 005

1. Entity Name
The Historical + Cultural Society of Clearwater, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
405 Cleveland St.

3. Mailing Address
405 Cleveland St.

City & State
Clearwater FL

City & State
Clearwater, FL

Zip
33755

Country
USA

Zip
33755

Country
USA

4. FEI Number
59-3732719

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Robert Davidson

Street Address (P.O. Box Number is Not Acceptable)
9448 117th St. N.

City
Seminole **FL** Zip Code
33772

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FEE IS \$61.25
Initial or Amended UBR

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 NAME STREET ADDRESS CITY-ST-ZIP	<u>D Regina M. Augsten 108 24th St. Bellair Beach FL 33786</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>D Elizabeth Pippin 4509 Shamrock Rd Tampa FL 33611</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>D Robert Davidson 9448 117th St N. Seminole FL 33772</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Regina M Augsten REGINA M. AUGSTEN 4/29/2003

CR2E037B (12/01)