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

1 of 2

DOCUMENT # N01000008742

1. Entity Name

Friends of Historic Properties and Museums

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 MAR 15 PM 12:02

**DO NOT WRITE IN THIS SPACE**

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 500 S. Bronough St. | |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: Tallahassee, Fl. | City & State |
| Zip: 32399 Country: Leon | Zip Country |

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3760777 ☐ Applied For ☐ Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name: Matthews, Janet S.

Street Address (P.O. Box Number is Not Acceptable): Florida Dept. of State, 500 S. Bronough St.

City: Tallahassee FL Zip Code: 32399

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

**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 D<br>NAME Brian, J. Andrew<br>STREET ADDRESS Historical Museum of Southern Florida<br>CITY-ST-ZIP 10 W. Flagler St. Miami, Fl. 32130 | | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | |
| TITLE D<br>NAME Barnes, Althemese<br>STREET ADDRESS Riley House Museum<br>CITY-ST-ZIP 419 E. Jefferson St. Tallahassee, Fl. 32311 | | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | |
| TITLE D<br>NAME McLeod, Patsy B.<br>STREET ADDRESS 500 S. Bronough St.<br>CITY-ST-ZIP Tallahassee, Fl. 32399 | | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | **DO NOT WRITE IN THIS SPACE** |
| TITLE D<br>NAME Hunt, E.L. Roy<br>STREET ADDRESS 2721 SW 4th Pl.<br>CITY-ST-ZIP Gainesville, Fl. 32607 | | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | JR 3/15 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | 5 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | |

CR2E037B (12/01)

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:** Patsy B. McLeod

CNPPPJT4 - 01 RUN DATE 03/12/2002 AS OF 03/12/2002
FLAIR - CENTRAL ACCOUNTING

20f2

POSTED JOURNAL TRANSACTIONS BY SWDN WITHIN BENEFITTING OLO AND SITE

AUDIT LOCATION - STATEWIDE
OLO 450000 - DEPARTMENT OF STATE
SITE 00 - DEPARTMENT OF STATE

OLO 450000 - DEPARTMENT OF STATE
SITE 00 - DEPARTMENT OF STATE
(850)245-6550

SWDN D2000505556 ADOCNO V004988

| ACCOUNT CODE | CF | TC | OBJECT | AMOUNT | BENEFITTING DATA ACCOUNT CODE | CF | TC | OBJECT |
|---|---|---|---|---|---|---|---|---|
| 45 10 1 000132 45200200 00 040000 00 | | 25 | 4990 | 61.25 | 45 50 2 130001 45300100 00 000100 00<br>INVOICE # 000004470 61.25 | | 45 | |
| TRANSACTION CODE TOTAL - 25 | | | | 61.25 | 45 | | | 61.25 |

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