## 2001 UNIFORM BUSINESS REPORT (UBR)

## FILED Feb 21, 2001 8:00 am Secretary of State **DOCUMENT # NO1764** SANFORD HISTORICAL SOCIETY, INC. 02-21-2001 90013 016 \*\*\*\*61.25 Mailing Address Principal Place of Business **PO BOX 168** 520 E. FIRST ST. SANFORD FL 32772 SANFORD FL 32771 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2661655 Not Applicable \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) HUNT, JOSEPH F 901 POWHATAN DRIVE SANFORD FL 32771 Zip Code FL 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. OSEPH F. HUNT SIGNATURE Make Check Pavable to 9. Election Campaign Financing **FILE NOW:** \$5.00 May Be Trust Fund Contribution. Added to Fees **Department of State** FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. PRESIPENT Addition Delete Change TITLE TITLE CHRISTINE L. BEST STINELIPHER, GRACE NAME NAME 200 MARGARET ROAD STREET ADDRESS STREET ADDRESS 520 E. 1ST ST. SANFORD, FL 32771 CITY-ST-ZIP CITY-ST-ZIP SANFORD FL 32771 Addition Delete Change TEL PRESIDENT TITLE TITLE NAME TAY TACOBS MCMILLAN, AL NAME 204 LIEBNOOD DRIVE STREET ADDRESS STREET ADDRESS 1811 PALOMA AVENUE CITY-ST-ZIP CITY-ST-ZIP-SANFORD FL 32771 Change ☐ Addition TITLE Delete NAME NAME HUNT, JOE 901-PONTATION DRAVE STREET ADDRESS STREET ADDRESS 401 POWHATAN DRIVE CITY-ST-ZIP CITY-ST-ZIP SANFORD FL 32771 Addition Delete <ECNSTON ☐ Change TITLE GARBARA RAY SKATES, BETTY NAME NAME 0180x 1761 STREET ADDRESS STREET ADDRESS 1108 PARK AVE. CITY-ST-ZIP PL 32772 CITY-ST-7IP SANFORD FL 32771 Delete DIRGUTOR TITLE TITLE CHARUE CARLSON HUNT, MILLARD NAME NAME POBOX 2684 STREET ADDRESS STREET ADDRESS 801 E. 2ND ST. NEW SMYRNA BLACK FL CITY-ST-ZIP CITY-ST-ZIP SANFORD FL 32771 Delete TITLE TITLE BITE SLATES NAME CHAPMAN, J. HAROLD NAME STREET ADDRESS STREET ADDRESS 130 NORTH SHIRLEY AVENUE CITY-ST-ZIP CITY-ST-ZIP SANFORD FL 32771

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:

TUSBITA F. HUNT) TREASURER 2/15/01 (407) 322-6988