

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT ND200000 8049

1. Entity Name

THE BELLEVUE/SOUTH MARION HISTORICAL SOCIETY, I

Principal Place of Business

5302 S.E. ABSHIER BLVD.
BELLEVUE FL 34420

Mailing Address

PO BOX 188
BELLEVUE FL 34421

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

SCROGGIE, WARREN G
5302 S.E. ABSHIER BLVD.
BELLEVUE FL 34420

7. Name and Address of New Registered Agent

Name

DAVID M. DEMINA

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

4101 SE 130 ST

City

BELLEVUE

FL

Zip Code

34420

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.

DAVID DEMINA

(NOTE: Registered Agent signature required when reinstating)

1-15-01

DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
D	SCROGGIE, WARREN G	P.O. BOX 1357	BELLEVUE FL 34421	☐
D	KETCHUM, CHARLES	P.O. BOX 3577	BELLEVUE FL 34421	☒
D	LINNEMAN, MARGE	25 BEHIA CIRCLE LONG	OCALA FL 34472	☒
D	LISTER, SHEILA	24 EMERALD DRIVE	OCALA FL 34472	☐
D	BAIRSTOW, MARIE	P.O. BOX 1718	BELLEVUE FL 34421	☐
D	HATCHER, FAY	5610 S.E. HAMES ROAD	BELLEVUE FL 34420	☒

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
D	DAVID M. DEMINA	4101 SE 130 ST	BELLEVUE FL 34420	☐	☒
D	RUBY PELOT	5350 SE 125 ST	BELLEVUE FL 34420	☐	☒
D	EDITH ANN MUSIC HOOVER	P.O. BOX 742	SUMMERFIELD, FL 34492	☐	☒
				☐	☐
				☐	☐
				☐	☐

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 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

DAVID DEMINA

1-15-01

Date

Daytime Phone #

FILED
Jan 26, 2001 8:00 am
Secretary of State

01-26-2001 90019 019 ***150.00

DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)