

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2003 8:00 am
Secretary of State

02-25-2003 90131 006 ****61.25

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1. Entity Name

**THE BELLEVIEW/SOUTH MARION HISTORICAL SOCIETY, I
NC.**



Principal Place of Business

**5920 STETSON RD
BELLEVIEW FL 34420**

Mailing Address

**PO BOX 188
BELLEVIEW FL 34420**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**DEMINA, DAVID M
4101 SE 130 ST
BELLEVIEW FL 34420**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title 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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **S** ☒ Delete
NAME **HOOVER, EDITH LYNN**
STREET ADDRESS **PO BOX 742**
CITY-ST-ZIP **SUMMERFIELD FL 34492**

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

TITLE **D** ☐ Delete
NAME **DEMINA, DAVID M**
STREET ADDRESS **4101 SE 130TH ST**
CITY-ST-ZIP **BELLEVIEW FL 34420**

TITLE **PRESIDENT/D.** ☒ Change ☐ Addition
NAME **DAVID DEMING**
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **PELOT, RUBY**
STREET ADDRESS **5350 SE 125TH ST**
CITY-ST-ZIP **BELLEVIEW FL 34420**

TITLE **D/T** ☐ Change ☒ Addition
NAME **Mitchell Denker**
STREET ADDRESS **5836 SE Lillian Cir**
CITY-ST-ZIP **Belleview Fla. 34420**

TITLE **D** ☐ Delete
NAME **LISTER, SHEILA**
STREET ADDRESS **24 EMERALD DR**
CITY-ST-ZIP **OCALA FL 34472**

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

TITLE **D** ☐ Delete
NAME **BASKIN, TERRY**
STREET ADDRESS **5450 S MAGNOLIA AVE**
CITY-ST-ZIP **OCALA FL 34474**

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

TITLE **D** ☐ Delete
NAME **BROWN, CHARLES**
STREET ADDRESS **10630 SE US HWY 441**
CITY-ST-ZIP **BELLEVIEW FL 33420**

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 or other like empowered.

SIGNATURE:

Mitchell Denker

2/23/03 3522458332

CR2E037 (10/02)