2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 19, 2000 8:00 am
Secretary of State
01-19-2000 90204 038 ****61.25

DOCUMENT # N03959

1. Entity Name

THE MICANOPY HISTORICAL SOCIETY, INC.

Principal Place of Business	Mailing Address
CORNER OF CHOLOKKA BLVD & BAY ST P.O. BOX 462 MICANOPY FL 32667 US	PO BOX 462 MICANOPY FL 32667-0462 US

DO NOT WRITE IN THIS SPACE

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 59-2631148 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HOWARD, H.C. JR
402 NE CHOLOKKA BLVD
MICANOPY FL 32667

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.

SIGNATURE _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD STALEY, TOM 104 ESTAULKEE SR MICANOPY FL 32667	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD thrasher, John 6424 SE 169 AV Micanopy, FL 32667	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD ASMUTH, BOB 9350 NW 230TH ST MICONOPY FL 32667	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Asmuth, Bob 9350 NW 230 St. Micanopy, FL 32667	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BARR, MELANIE 815 NE 3 AVE GAINESVILLE FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD BARR, Melanie 815 NE 3 AV Gainesville, FL 32602	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD HORN, CHARLES L 224 SE 38TH AVE MICANOPY FL 32667	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CRASS, PATTY 13025 US HWY 441 SO MICANOPY FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Stream, Sean 21465 N W 39 Terr Micanopy, FL 32667	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D THRASHER, ELEANOR 6424 SE 169TH AVE MICANOPY FL 32667	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/99)

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.

352-381-0220

SIGNATURE: Sean Stream JR Treas. JEAN STREAM 1/7/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #