

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90136 046 ****61.25

DOCUMENT # N06223

1. Entity Name
BONITA SPRINGS HISTORICAL SOCIETY, INC.

| | |
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| Principal Place of Business 27142 RIVERSIDE DR BONITA SPRINGS FL 34134 US | Mailing Address P O BOX 3015 BONITA SPRINGS FL 34133-3015 US |
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|---|---|
| 2. Principal Place of Business Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
|---|---|

| | | | |
|--------------|--------------|------------------------------------|--|
| City & State | City & State | 4. FEI Number 59-2482932 | Applied For <input type="checkbox"/> Not Applicable |
| Zip | Country | Zip | Country |



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
HOGG, JANE M.
175 W 6TH ST
PO BOX 3015
BONITA SPRINGS FL 33959

7. Name and Address of New Registered Agent
 Name **BERYL M. TRINDLE**
 Street Address (P.O. Box Number is Not Acceptable)
4060 TARPON AVE
 City **BONITA SPRINGS FL** Zip Code **34134**

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 *Beryl M. Trindle, Beryl Trindle, President* 4-17-2000
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. <input type="checkbox"/> | \$5.00 May Be Added to Fees | Make Check Payable to Department of State |
|-------------------------------------|---|---------------------------------------|--|

| 10. OFFICERS AND DIRECTORS | | <input checked="" type="checkbox"/> Delete |
|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD HOGG, JANE 175 W 6TH ST BONITA SPGS FL | <input checked="" type="checkbox"/> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D PAPE, MARILYN 27273 BUCCANEER DR BONITA SPRINGS FL 34135 | <input checked="" type="checkbox"/> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD Board Member - D SUPLOCK, ELAINE 27312 VALOIS DR. BONITA SPGS FL | <input type="checkbox"/> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD Secretary - S/D STURGIS, ELIZABETH 56 1ST STREET BONITA SPRGS FL | <input type="checkbox"/> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P President - P/D TRINDLE, BERYL 4060 TARPON AVE BONITA SPGS. FL 34134 | <input type="checkbox"/> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Board Member - D WOLLAM, DORIS 10440 WOOD IBIS AVE BONITA SPRINGS FL 34135 | <input type="checkbox"/> |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
|---|--|---------------------------------|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Vice-President - V/D Dee Mats 3689 Cartwright Ct. Bonita Springs FL 34134 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Board Member - D DONALD TREW 26921 PALM ST BONITA SPRINGS, FL 34135 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Board Member - D Joan Aydelott 27680 Pierce Av. Bonita Springs, FL 34135 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Treasurer - T/D Ruth Nichols 76 4th St, #9-202 Bonita Springs, FL 34134 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> | <input type="checkbox"/> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> | <input type="checkbox"/> |

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: *Ruth M. Nichols, Ruth M. Nichols, Treas - 4/24/00 (941) 947-8058*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)