

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N08326

1. Entity Name

LEMON BAY HISTORICAL SOCIETY, INC.

R

**FILED**  
**Sep 06, 2000 8:00 am**  
**Secretary of State**

09-06-2000 90098 016 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

P.O. BOX 1245  
 ENGLEWOOD FL 34295-1245

P.O. BOX 1245  
 ENGLEWOOD FL 34295-1245

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2387828

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BUSH, CHARLIE  
 6430 ROSEWOOD DR  
 ENGLEWOOD FL 34224-9376

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

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**  
**After September 13, 2000 min. will be \$236.25**

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 PD  Delete  
 NAME BUSH, CHARLIE  
 STREET ADDRESS 6430 ROSEWOOD DR  
 CITY-ST-ZIP ENGLEWOOD FL 34224

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE VPD  Delete  
 NAME RICHARDSON, WARREN  
 STREET ADDRESS 370 DEARBORN ST  
 CITY-ST-ZIP ENGLEWOOD FL

TITLE  Change  Addition  
 NAME BUSH, TAMMY  
 STREET ADDRESS 6430 ROSEWOOD DRIVE  
 CITY-ST-ZIP ENGLEWOOD, FL 34224

TITLE SD  Delete  
 NAME BASCH, DIANE  
 STREET ADDRESS 1525 GULD BLVD  
 CITY-ST-ZIP ENGLEWOOD FL

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE TD  Delete  
 NAME MEHARCAND, MIDGE  
 STREET ADDRESS 444 DEARBORN ST  
 CITY-ST-ZIP ENGLEWOOD FL

TITLE  Change  Addition  
 NAME MEHARCHAND, MIDGE  
 STREET ADDRESS 7113 HAPPINESS STREET  
 CITY-ST-ZIP PORT CHARLOTTE, FL 33981

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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 all other like empowered.

SIGNATURE: SIGNATURE REQUIRED

8/27/00 405-2380

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/00)