

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 31, 2001 8:00 am
Secretary of State

0014652

DOCUMENT # N08326

1. Entity Name

LEMON BAY HISTORICAL SOCIETY, INC.

(Handwritten initials)

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

Zip

Country

Zip

Country

4. FEI Number **59-2387828**

Applied For
 Not Applicable

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



DO NOT WRITE IN THIS SPACE

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 12, 2001, 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 **1VP** Delete
 NAME **TAMMY, BUSH**
 STREET ADDRESS **6430 ROSEWOOD DRIVE**
 CITY-ST-ZIP **ENGLEWOOD FL 34224**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 **7113 HAPPINESS STREET**
 CITY-ST-ZIP **PORT CHARLOTTE FL 33981**

TITLE Change Addition
 NAME **MEHARCHAND**
 STREET ADDRESS
 CITY-ST-ZIP

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: *(Handwritten Signature)* **TD**

8-10-01 (941) 475-6335

CR2E037 (5/01)