

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N09696

1. Entity Name

SEBASTIAN AREA HISTORICAL SOCIETY, INC.

Principal Place of Business

P.O. BOX 781348
SEBASTIAN FL 32978

Mailing Address

P.O. BOX 781348
SEBASTIAN FL 32978

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2716155

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

VANDEVOORDE, RENE G
1327 N CENTRAL AVE
SEBASTIAN FL 32958

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

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
Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDP WESTFAHL, ARLINE 754 ROLLING HILL DR SEBASTIAN FL 32958	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDVP VANDEVOORDE, RENE G 1327 N CENTRAL AVE SEBASTIAN FL 32958	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LAMBERT 11192 ROSELAND ROAD SEBASTIAN FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TDI BERTLING, WILMA 1575 CLEARBROOK ST SEBASTIAN FL 32958	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 01, 2001 8:00 am
Secretary of State

05-01-2001 90081 042 *****61.25



DO NOT WRITE IN THIS SPACE

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CR2E037 (10/00)