

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N15231

1. Entity Name

PORT ORANGE HISTORICAL TRUST, INC.

Principal Place of Business

3431 RIDGEWOOD AVE
PORT ORANGE FL 32119
US

Mailing Address

PO BOX 291156
PORT ORANGE FL 32119
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

32129

4. FEI Number

59-2730469

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

KUBACKI, CAROL
946 CRYSTAL LAKE DRIVE
PORT ORANGE FL 32127

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

Carol Kubacki

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1-6-01

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	D	☐ Delete
NAME	CARDWELL, PRISCILLA	
STREET ADDRESS	1343 WOODBINE ST	
CITY-ST-ZIP	DAYTONA BCH FL 32114	
TITLE	DS	☐ Delete
NAME	CARDWELL THELMA	
STREET ADDRESS	4190 SPRUCE CR RD	
CITY-ST-ZIP	PORT ORANGE FL 32127	
TITLE	VD	☐ Delete
NAME	DOUGHTY, CHRISTINE	
STREET ADDRESS	404 WESTERN RD	
CITY-ST-ZIP	NEW SMYRNA BCH FL 32168	
TITLE	PD	☐ Delete
NAME	CARDWELL, HAROLD D SR	
STREET ADDRESS	1343 WOODBINE ST.	
CITY-ST-ZIP	DAYTONA BEACH FL	
TITLE	DT	☐ Delete
NAME	KUBACKI, CAROL	
STREET ADDRESS	946 CRYSTAL LAKE DKR	
CITY-ST-ZIP	PORT ORANGE FL 32127	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-6-01

904-788-2143

Date

Daytime Phone #

FILED
Jan 19, 2001 8:00 am
Secretary of State

01-19-2001 90092 026 ****61.25

00006275



DO NOT WRITE IN THIS SPACE

0000121

CR2E037 (10/00)