

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2002 8:00 am
Secretary of State

02-03-2002 90005 005 ****61.25

DOCUMENT # N15231

1. Entity Name

PORT ORANGE HISTORICAL TRUST, INC.

Principal Place of Business

Mailing Address

**3431 RIDGEWOOD AVE
 PORT ORANGE FL 32119
 US**

**PO BOX 291156
 PORT ORANGE FL 32129
 US**

010000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3747097

Applied For

STATE

59-2730469

Not Applicable

Zip

Country

Zip

Country

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME **D CARDWELL, PRISCILLA**
 STREET ADDRESS **1343 WOODBINE ST**
 CITY-ST-ZIP **DAYTONA BCH FL 32114**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **DS CARDWELL THELMA**
 STREET ADDRESS **4190 SPRUCE CR RD**
 CITY-ST-ZIP **PORT ORANGE FL 32127**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VD DOUGHTY, CHRISTINE**
 STREET ADDRESS **404 WESTERN RD**
 CITY-ST-ZIP **NEW SMYRNA BCH FL 32168**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **PD CARDWELL, HAROLD D SR**
 STREET ADDRESS **1343 WOODBINE ST.**
 CITY-ST-ZIP **DAYTONA BEACH FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **DT KUBACKI, CAROL**
 STREET ADDRESS **946 CRYSTAL LAKE DKR**
 CITY-ST-ZIP **PORT ORANGE FL 32127**

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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-19-02

Date

1-386-788-2143

Daytime Phone #

CR2E037 (9/01)