

**2000 UNIFORM BUSINESS REPORT (UBR)**

5/5/

**FILED**

**Jun 22, 2000 8:00 am  
Secretary of State**

05-05-2000 90105 044 \*\*\*\*61.25

**DOCUMENT # N17925**

1. Entity Name

**WINTER PARK HISTORICAL ASSOCIATION, INC.**

*R*

Principal Place of Business

Mailing Address

PO BOX 51  
WINTER PARK FL 32790

PO BOX 51  
WINTER PARK FL 32790-0051

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

**59-2884695**

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

**HAINES, JOHN DEM  
716 N INTERLACHEN AVE  
WINTER PARK FL 32789**

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]*  
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 NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>IRVIN, ELEANOR</b> <b>311 MORSE BLVD.</b> <b>WINTER PARK FL</b>	<input type="checkbox"/> Delete <i>Director/officer</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>MARGIO, NINA H</b> <b>1516 E HILLCREST, SUITE 212</b> <b>ORLANDO FL 32803</b>	<input type="checkbox"/> Delete <i>Director/officer</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SAURMAN, ANN</b> <b>104 OSCLEOLA AVE</b> <b>WINTER PARK FL</b>	<input type="checkbox"/> Delete <i>Director/officer</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LONG, AL</b> <b>430 CORTLAND AVE</b> <b>WINTER PARK FL</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>RHEIN, DONNA</b> <b>1513 BIBURUNAYA LANE</b> <b>WINTER PARK FL</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WOLF, HEATHER</b> <b>895 TOWN CIRCLE</b> <b>MAITLAND FL</b>	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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]* **NINA H. MARGIO** 4/25/00 407-894-0400  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

C- 0017 (3/99)