

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N22336

1. Entity Name

SOUTH FLORIDA DEFENSE ANTIQUITIES MUSEUM, INC.

Principal Place of Business

Mailing Address

158 GULFVIEW ROAD
C/O I.K. STEUART
PUNTA GORDA FL 33950

158 GULFVIEW ROAD
C/O I.K. STEUART
PUNTA GORDA FL 33950

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 65-0050333

☒ 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

STEUART, I.K.
158 GULFVIEW ROAD
PUNTA GORDA FL 33950

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	D	<input type="checkbox"/> Delete
NAME	STEUART, I.K.	
STREET ADDRESS	158 GULFVIEW RD.	
CITY-ST-ZIP	PUNTA GORDA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MAYHOOD, LEROY W	
STREET ADDRESS	11071 E. TERRY STREET	
CITY-ST-ZIP	BONITA SPRINGS FL 34135	
TITLE	D	<input type="checkbox"/> Delete
NAME	STEUART, SCOTT A.	
STREET ADDRESS	155 MEADOWOOD DRIVE	
CITY-ST-ZIP	DAPHNE AL 36526	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHEPARD, GREGORY	
STREET ADDRESS	18690 TELEGRAPH CREEK LN	
CITY-ST-ZIP	ALVA FL 33920	
TITLE	D	<input type="checkbox"/> Delete
NAME	MACDONALD, ROBERT	
STREET ADDRESS	PO BOX 3995, N/A	
CITY-ST-ZIP	N. FT. MYERS FL 33917	
TITLE	D	<input type="checkbox"/> Delete
NAME	SECKER, WM	
STREET ADDRESS	950 MOODY RD	
CITY-ST-ZIP	N. FT. MYERS FL 33903	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR STEUART PRES, 03-02-02 239-936-7353

Date

Daytime Phone #

CR2E037 (9/01)

0047305