

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N31266

1. Entity Name

CAMP BLANDING MUSEUM AND HISTORICAL ASSOCIATES, INC.

Principal Place of Business

Mailing Address

ROUTE 1 BOX 465
CAMP BLANDING
STARKE FL 32091-9703

ROUTE 1 BOX 465
CAMP BLANDING
STARKE FL 32091-9703

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

59-2951543

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

GREGORY W. PARSONS

RT 1 BOX 465 CAMP BLANDING
BLD 3040
STARKE FL 32091

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
NAME KOZDRAS, FRANK W
STREET ADDRESS 567 SAN CLEMENTI DR.
CITY-ST-ZIP ORANGE PARK FL ☐ Delete

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

TITLE TD
NAME PETELLE, KENT R
STREET ADDRESS 301 CHARLOTT ST
CITY-ST-ZIP ST AUGUSTINE FL ☐ Delete

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

TITLE PD
NAME DAMPER, BILL
STREET ADDRESS 7547 OLD PLANK ROAD
CITY-ST-ZIP JACKSONVILLE FL 32220 ☒ Delete

TITLE PD
NAME ☐ Change ☒ Addition
STREET ADDRESS Bill Wilder
CITY-ST-ZIP 7547 Old Plank Rd.
Jacksonville, FL 32220

TITLE D
NAME HALL, RODNEY P.
STREET ADDRESS RT. 1, BOX 660
CITY-ST-ZIP STARKE FL ☐ Delete

TITLE VD
NAME ☒ Change ☐ Addition
STREET ADDRESS Rodney P. Hall
CITY-ST-ZIP Rt. 1 Box 660
Starke, FL 32091

TITLE SD
NAME GILLOGLY, MAGI
STREET ADDRESS 3001 PONTE VERDE BLVD.
CITY-ST-ZIP PONTE VEDRA BEACH FL 32082 ☒ Delete

TITLE D
NAME ☐ Change ☒ Addition
STREET ADDRESS James E. Hughes
CITY-ST-ZIP Rt. 2, Box 1243
Starke, FL 32091

TITLE D
NAME HATCHER, HARRY M.
STREET ADDRESS 1720 E. CALL ST.
CITY-ST-ZIP STARKE FL 32091 ☐ Delete

TITLE
NAME ☐ Change ☐ Addition
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

Date

Daytime Phone #

CR2E037 (9/01)