

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N36229

1. Entity Name

THE GULF BREEZE AREA HISTORICAL SOCIETY, INC.

Principal Place of Business

P.O. BOX 814
GULF BREEZE FL 32561-7814

Mailing Address

P.O. BOX 814
GULF BREEZE FL 32562-0814

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHLUETER, DON
1091 KELTON BLVD
GULF BREEZE FL 32561

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 PD
NAME SCHLUETER, DON
STREET ADDRESS 1091 KELTON BLVD
CITY-ST-ZIP GULF BREEZE FL 32561 ☐ Delete

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

TITLE VD
NAME KELLY, BOB
STREET ADDRESS 3534 HILLSIDE AVE
CITY-ST-ZIP GULF BREEZE FL 32561 ☐ Delete

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

TITLE SD
NAME ISHOL, BETTY
STREET ADDRESS 1086 KELTON BLVD
CITY-ST-ZIP GULF BREEZE FL 32561 ☐ Delete

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

TITLE TD
NAME TURNBULL, NANCY
STREET ADDRESS 302 NORWICK
CITY-ST-ZIP GULF BREEZE FL ☒ Delete

TITLE TD
NAME DYBA, BORIS
STREET ADDRESS 1163 LAGUNA LANE
CITY-ST-ZIP GULF BREEZE, FL 32561 ☒ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Don Schluter* **REQUIRED** SCHLUETER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90162 024 ****61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2992666 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

CR2E037 (9/99)