2001 UNIFORM BUSINESS REPORT (UBR)

Apr 19, 2001 8:00 am Secretary of State **DOCUMENT # N36229** 1. Entity Name 🦫 THE GULF BREEZE AREA HISTORICAL SOCIETY, INC. 04-19-2001 90010 044 ****61.25 Principal Place of Business Mailing Address P.O. BOX 814 P.O. BOX 814 GULF BREEZE FL 32561-7814 **GULF BREEZE FL 32561-7814** TUVV 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-2992666 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BLAND V. Q. Box Stumber is Not Acceptable SCHLUETER, DON 1091 KELTON BLVD **GULF BREEZE FL 32561** statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida 8. The above named en SIGNATURE DATE t and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be П Trust Fund Contribution. Added to Fees **Department of State FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. RESIDEN Change ☐ Addition Delete THILE PI TITLE BOLAND V. KELLY 3534 HILLSIDE AVE. NAME SCHLUETER, DON NAME STREET ADDRESS STREET ADDRESS 1091 KELTON BLVD GULF BREEBE FL. 3256/ CITY-ST-ZIP CITY-ST-ZIP **GULF BREEZE FL 32561** CE PRESIDENT ☐ Addition VD. Delete TITLE Change TITLE BEVELLY ISHOL BLVD. KELLY, BOB NAME NAME 3534 HILLSIDE AVE STREET ADDRESS STREET ADDRESS GULF BREEZE 32561 CITY-ST-ZIP CITY-ST-7IP **GULF BREEZE FL 32561** JOAN ADAMS ☐ Addition SD-----TITLE 50 ☐ Change Delete :TITLE 🖘 -ISHOL, BETTY NAME NAME 317 DOLPHIN ST. STREET ADDRESS 1086 KELTON BLVD STREET ADDRESS F1. 3256) GULF BREEZE CITY-ST-ZIP CITY-ST-ZIP **GULF BREEZE FL 32561** Change ☐ Addition TITLE ☐ Delete TITLE DYBA, BORIS NAME NAME STREET ADDRESS STREET ADDRESS 1163 LAGUNA LN CITY-ST-7IP CITY-ST-ZIP **GULF BREEZE FL 32561** Change ☐ Addition □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change Delete TITLE TITLE NAME NAME

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 receipter or trustee employered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 in the corporation of the corporation of the receipter of trustee employered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 in the corporation of the corp

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP