

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2002 8:00 am
Secretary of State

02-04-2002 90347 001 ****61.25

DOCUMENT # N36229

1. Entity Name

THE GULF BREEZE AREA HISTORICAL SOCIETY, INC.

Principal Place of Business

Mailing Address

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

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

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

59-2992666

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

KELLY, ROLAND V.
3534 HILLSIDE AVENUE
GULF BREEZE FL 32561-32563

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 NAME STREET ADDRESS CITY-ST-ZIP	SD ADAMS, JOAN 317 DOLPHIN ST GULF BREEZE FL 32561-32563	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DYBA, BORIS 1163 LAGUNA LN GULF BREEZE FL 32561-32563	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KELLY, ROLAND V 3534 HILLSIDE AVENUE GULF BREEZE FL 32561-32563	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ISHOL, BEVERLY 1086 KELTON BLVD. GULF BREEZE FL 32561-32563	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

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

Roland V. Kelly
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/18/02 850-934-4326

CR2E037 (9/01)