

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N42707**

1. Entity Name

KATHLEEN AREA HISTORICAL SOCIETY, INC.**FILED****May 08, 2000 8:00 am**
Secretary of State

05-08-2000 90085 008 ****61.25

Principal Place of Business

P.O. BOX 977
KATHLEEN FL 33849-0977

Mailing Address

P.O. BOX 977
KATHLEEN FL 33849-0977

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3050670

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****WILLIAMS, BETTY A**
6215 CHEATWOOD DR
PO BOX 172
KATHLEEN FL 33849**7. Name and Address of New Registered Agent**

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 \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to**
Department of State**10. OFFICERS AND DIRECTORS**TITLE ☐ Delete
NAME **DP**
STREET ADDRESS **WILLIAMS, BETTY A**
CITY-ST-ZIP **6215 CHEATWOOD DR PO BOX 172**
KATHLEEN FL 33849-0172TITLE ☐ Delete
NAME **DS**
STREET ADDRESS **TAUGH, GAIL**
CITY-ST-ZIP **7503 WILLOW WISP DR. W.**
LAKELAND FL 33810TITLE ☒ Delete
NAME **DT**
STREET ADDRESS **BROOKS, DORIS I**
CITY-ST-ZIP **725 W. SOCRUM LOOP RD.**
LAKELAND FL 33809TITLE ☐ Delete
NAME **DT**
STREET ADDRESS **SMITH, LEVE**
CITY-ST-ZIP **515 LAUREL LANE**
LAKELAND FL 33813TITLE ☒ Delete
NAME **DT**
STREET ADDRESS **BROSIE, HAROLD**
CITY-ST-ZIP **825 W. SOCRUM LOOP ROAD**
LAKELAND FL 33809TITLE ☐ Delete
NAME **DV**
STREET ADDRESS **HUTTON, DOUGLAS**
CITY-ST-ZIP **3720 KATHLEEN PINES P.O. BOX 8**
KATHLEEN FL 33849**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☒ Addition
NAME **DIT**
STREET ADDRESS **ROBAK, LILLIE M.**
CITY-ST-ZIP **217 N. GALLOWAY ROAD**
LAKELAND, FL 33815TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☒ Addition
NAME **DIV**
STREET ADDRESS **THOMAS, WILTON**
CITY-ST-ZIP **1920 CHRISTY LANE**
LAKELAND, FL 33813TITLE ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

LILLIE M. ROBAK
TREASURER 4-24-00 (863) 688-2542