2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2003 8:00 am
Secretary of State
01-23-2003 90170 031 ****61.25

DOCUMENT # N48728

1. Entity Name
THE SEMINOLE WARS HISTORIC FOUNDATION, INC.

Principal Place of Business	Mailing Address
35247 REYNOLDS AVENUE DADE CITY FL 33525 US	35247 REYNOLDS AVENUE DADE CITY FL 33525 US

☐ CHECK HERE IF MAKING CHANGES

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 59-3120683 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SHELDON, HENRY A
11611 SW 89TH STREET
GAINESVILLE FL 32608

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CYPRESS, BILLY 6351 NW 32ND STREET HOLLYWOOD FL 33024	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MOORE, GREGORY A. 8 SEA OAKS DRIVE ST. AUGUSTINE BEACH, FL 32084	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D EDWARDS, WILLIAM H., JR. NORTHERN NECK TRANSFER KING GEORGE VA	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MISSALL, JOHN 11155 RABUN GAP DRIVE N. FORT MYERS, FL 33917	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S MAHON, JOHN K. 4129 S.W. 2ND AVENUE GAINESVILLE FL 32607	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MISSALL, MARY LOU 11155 RABUN GAP DRIVE N. FORT MYERS, FL 33917	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V LAUMER, FRANK 35247 REYNOLDS AVENUE DADE CITY FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LAUMER, DALE ANNE 35247 REYNOLDS AVE DADE CITY, FL 33523	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P WEISMAN, BRENT R. 717 GRAND CIRCLE TAMPA FL 33617	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T SHELDON, HENRY 11611 SW 89TH STREET GAINESVILLE FL 32608	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/02)

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 REQUIRED Sheldon 1/20/03 352/495-1781