

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N49758

1. Entity Name

CEDAR KEY STATE MUSEUM AND ST. CLAIR WHITMAN CIT

Principal Place of Business

SW 12231 166 CT
CEDAR KEY FL 32625

Mailing Address

P.O. BOX 462
CEDAR KEY FL 32625-0462

FILED
CLERK OF STATE
DIVISION OF CORPORATIONS

00 FEB -9 AM 10:40

2. Principal Place of Business

12231 S.W. 166 COURT

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3145772

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DIMAGGIO, JEFF
SW 12231 166 CT
CEDAR KEY FL 32625

7. Name and Address of New Registered Agent

Name

KAY PROBST

Street Address (P.O. Box Number is Not Acceptable)

12691 MERLE AVE.

City

CEDAR KEY

FL

Zip Code

32625

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

Kay Probst

(NOTE: Registered Agent signature required when reinstating)

1-23-00

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

TITLE DP ☐ Delete
NAME EHRBAR, ELIZABETH
STREET ADDRESS 1165 WIDDEN AVE.
CITY-ST-ZIP CEDAR KEY FL 32625

TITLE D ☐ Delete
NAME GRIFFIS, ELIZABETH
STREET ADDRESS 705 NW 40TH TERR
CITY-ST-ZIP GAINESVILLE FL 32607

TITLE D ☐ Delete
NAME DIMAGGIO, JEFF
STREET ADDRESS 8312 SW 125 CT.
CITY-ST-ZIP CEDAR KEY FL

TITLE T ☐ Delete
NAME NEESE, CHARLES
STREET ADDRESS 12850 SW 65TH STREET
CITY-ST-ZIP CEDAR KEY FL 32625

TITLE S ☐ Delete
NAME STEARNS, DORTHY
STREET ADDRESS P.O. BOX 234
CITY-ST-ZIP CEDAR KEY FL 32625

TITLE D ☐ Delete
NAME LOVETT, WILLIAMS, JR
STREET ADDRESS P.O. BOX 870 N/A
CITY-ST-ZIP CEDAR KEY FL 32625

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☒ Change ☐ Addition
NAME EHRBAR, ELIZABETH
STREET ADDRESS 1165 WIDDEN AVE.
CITY-ST-ZIP CEDAR KEY, FL 32625

TITLE P ☐ Change ☒ Addition
NAME KAY PROBST
STREET ADDRESS 12691 MERLE AVE
CITY-ST-ZIP CEDAR KEY, FL 32625

TITLE T ☐ Change ☒ Addition
NAME ROBERT CRANE
STREET ADDRESS MARGERY STREET
CITY-ST-ZIP CEDAR KEY, FL 32625

TITLE D ☒ Change ☐ Addition
NAME CHARLES NEESE
STREET ADDRESS 12850 SW 65TH STREET
CITY-ST-ZIP CEDAR KEY, FL 32625

TITLE ☐ Change ☐ Addition
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:

Kay Probst

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-23-00

352 543-9437

CR2E037 (9/99)