

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 22, 2001 8:00 am
Secretary of State

01-22-2001 90002 001 *****61.25

DOCUMENT # N49758

1. Entity Name

CEDAR KEY STATE MUSEUM AND ST. CLAIR WHITMAN CIT

Principal Place of Business

12221 S.W. 156 COURT
 CEDAR KEY FL 32625

Mailing Address

P.O. BOX 462
 CEDAR KEY FL 32625

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

59-3145772

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

PROBST, KAY
12691 MERLE AVE.
CEDAR KEY FL 32625

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

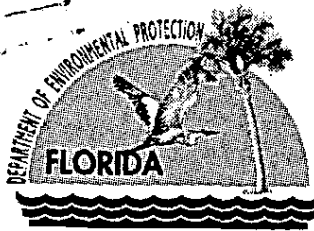
TITLE	D	<input type="checkbox"/> Delete
NAME	EHRBAR, ELIZABETH	
STREET ADDRESS	1165 WIDDEN AVE.	
CITY-ST-ZIP	CEDAR KEY FL 32625	
TITLE	P	<input type="checkbox"/> Delete
NAME	PROBST, KAY	
STREET ADDRESS	12691 MERLE AVE	
CITY-ST-ZIP	CEDAR KEY FL 32625	
TITLE	D	<input type="checkbox"/> Delete
NAME	DIMAGGIO, JEFF	
STREET ADDRESS	8312 SW 125 CT.	
CITY-ST-ZIP	CEDAR KEY FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	NEESE, CHARLES	
STREET ADDRESS	12850 SW 65TH STREET	
CITY-ST-ZIP	CEDAR KEY FL 32625	
TITLE	S	<input type="checkbox"/> Delete
NAME	STEARNS, DORTHY	
STREET ADDRESS	P.O. BOX 234	
CITY-ST-ZIP	CEDAR KEY FL 32625	
TITLE	D	<input type="checkbox"/> 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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EHRBAR, ELIZABETH	
STREET ADDRESS	1165 WIDDEN AVE.	
CITY-ST-ZIP	CEDAR KEY FL 32625	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBERT B. CRANG	
STREET ADDRESS	16451 MARGERY ST	
CITY-ST-ZIP	CEDAR KEY FL 32625	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: ROBERT B. CRANG **1/12/01** **352-543-6352**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



Jeb Bush
Governor

20F2

Department of Environmental Protection

Marjory Stoneman Douglas Building
3900 Commonwealth Boulevard
Tallahassee, Florida 32399-3000

David B. Struhs
Secretary

April 4, 2001

Ms. Cathy Stauffer
Division of Corporations
Florida Department of State
Post Office Box 6327
Tallahassee, Florida 32314

Dear Ms. Stauffer:

This letter is to certify to you that Cedar Key State Museum and St. Clair Whitman Citizen Support Organization, Inc., is a duly authorized citizen support organization which is under contract to provide support for the Division of Recreation and Parks in accordance with Section 258.015, F.S. Pursuant to F.S. 617.0122, this filing is exempt from any fee's when certified by this department.

After filing, please return certified documents to Phillip Wernkli at the above address, MS 535. If further information is needed feel free to call him at 488-8243.

Sincerely,

Fran P. Mainella, CPRP
Director
Division of Recreation and Parks

FPM/pwb

Attachments