

# 2002 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # N49758**

1. Entity Name

**CEDAR KEY STATE MUSEUM AND ST. CLAIR WHITMAN CITIZEN SUPPORT ORGANIZATION, INC.**

Principal Place of Business

Mailing Address

12231 S.W. 166 COURT  
CEDAR KEY FL 32625

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **EHRBAR, ELIZABETH**  
CITY-ST-ZIP **1185 WIDDEN AVE.  
CEDAR KEY FL 32625**

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

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

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

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

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

TITLE ☐ Delete  
NAME **T**  
STREET ADDRESS **CRANE, ROBERT B**  
CITY-ST-ZIP **16851 MARGERY ST  
CEDAR KEY FL 32625**

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

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

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

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

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
DEPT OF STATE  
DIVISION OF CORPORATIONS

02 FEB 21 PM 5:01



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)



Jeb Bush  
Governor

# Department of Environmental Protection

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

David B. Struhs  
Secretary

February 21, 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 Friends of Cedar Key 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 Werndli at the above address, MS 535. If further information is needed feel free to call him at 488-8243.

Warmest regards,

Wendy Spencer, Director  
Florida State Parks

WB/pwb

Attachments