

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000000810

1. Entity Name

MULBERRY PHOSPHATE MUSEUM FOUNDATION, INC.

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90863 011 ****61.25

Principal Place of Business

Mailing Address

400 NORTH CHURCH AVENUE
MULBERRY FL 33860

P O BOX 254
MULBERRY FL 33860-0254
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3220896

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

7. Name and Address of New Registered Agent

CORLEY, FRANCES
400 NORTH CHURCH AVENUE
MULBERRY FL 33860

Name

Dana Welch

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

400 N. Church Ave

City

Mulberry, FL.

33860

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

Dana Welch, Executive Director Mulberry Chamber

4/27/00

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 PD ☐ Delete
NAME ROSSMAN, DALE G
STREET ADDRESS 6977 HAYTER DRIVE
CITY-ST-ZIP LAKELAND FL 33813

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

TITLE VD ☒ Delete
NAME OAK, ELIN
STREET ADDRESS 804 WHITESIDE COURT
CITY-ST-ZIP LAKELAND FL 33803

TITLE VP ☒ Change ☐ Addition
NAME SUGGETT, ELIZABETH F.
STREET ADDRESS 92 LAKE WIRE DRIVE
CITY-ST-ZIP LAKELAND, FL 33815

TITLE STD ☐ Delete
NAME SPROTT, CLYDE
STREET ADDRESS 4020 CANYON LAKE POINT
CITY-ST-ZIP LAKELAND FL 33813

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Delete
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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-28-00 863-428-9500

CR2E037 (9/99)