

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000002781

1. Entity Name

DUNEDIN HISTORICAL SOCIETY FOUNDATION, INC.

FILED
Mar 24, 2000 8:00 am
Secretary of State

03-24-2000 90098 023 ****61.25

Principal Place of Business

Mailing Address

349 MAIN ST.
DUNEDIN FL 34698

349 MAIN ST.
DUNEDIN FL 34698-5700

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

59-3377239

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

GRACY, GREGORY D
826 BROADWAY
DUNEDIN FL 34698

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	DS	<input type="checkbox"/> Delete
NAME	STEARNS, JAMES	
STREET ADDRESS	1370 PINEHURST ROAD	
CITY-ST-ZIP	DUNEDIN FL 34698	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	DONOGHUE, KEVIN J	
STREET ADDRESS	349 MAIN ST.	
CITY-ST-ZIP	DUNEDIN FL 34698	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	KELTNER, CARL	
STREET ADDRESS	961 MCLEAN ST	
CITY-ST-ZIP	DUNEDIN FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Patricia C. McGarr	
STREET ADDRESS	2296 Monaco La #22	
CITY-ST-ZIP	Clearwater, FL 33763	
TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Donoghue, Kevin J	
STREET ADDRESS	349 Main St.	
CITY-ST-ZIP	Dunedin, FL 34698	
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		<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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Patricia C. McGarr 787.797.3185
Patricia C. McGarr 3/23/00
Date Daytime Phone #

CR2E037 (9/99)