

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90074 001 ****61.25

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DOCUMENT # N97000002114

1. Entity Name

MIDDLEBURG HISTORICAL MUSEUM, INC.

Principal Place of Business

Mailing Address

3912 SECTION STREET
MIDDLEBURG FL 32068

PO BOX 994
MIDDLEBURG FL 32068

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

59-3440126

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

TAYLOR, MARILYN
2863 BLANDING BLVD.
MIDDLEBURG FL 32068

Name **Charles R. Taylor Sr.**

Street Address (P.O. Box Number is Not Acceptable)
2863 Blanding Blvd.

City **Middleburg**

FL Zip Code **32068**

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

Charles R. Taylor Sr.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/20/01

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 **DS** ☒ Delete
NAME **TARIN, FAYE**
STREET ADDRESS **2281 S DOLPHIN AVE**
CITY-ST-ZIP **MIDDLEBURG FL 32068**

TITLE **DV** ☒ Delete
NAME **TAYLOR, CHARLES**
STREET ADDRESS **2863 BLANDING BLVD.**
CITY-ST-ZIP **MIDDLEBURG FL 32068**

TITLE **DT** ☒ Delete
NAME **TAYLOR, MARILYN**
STREET ADDRESS **2863 BLANDING BLVD.**
CITY-ST-ZIP **MIDDLEBURG FL 32068**

TITLE **DP** ☒ Delete
NAME **MUELLER, PATRICIA J**
STREET ADDRESS **3916 MAIN STREET**
CITY-ST-ZIP **MIDDLEBURG FL 32068**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DS** ☒ Change ☐ Addition
NAME **Paula Meyer**
STREET ADDRESS **4532 Saragon Ave.**
CITY-ST-ZIP **Middleburg, FL 32068**

TITLE **DT** ☒ Change ☐ Addition
NAME **Charles Taylor Sr.**
STREET ADDRESS **2863 Blanding Blvd.**
CITY-ST-ZIP **Middleburg, FL 32068**

TITLE **DV** ☒ Change ☐ Addition
NAME **Rodney Murray**
STREET ADDRESS **P.O. Box 1300**
CITY-ST-ZIP **Middleburg, FL 32050**

TITLE **DP** ☒ Change ☐ Addition
NAME **Kevin Harper**
STREET ADDRESS **3858 Main St.**
CITY-ST-ZIP **Middleburg, FL 32068**

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:

Charles R. Taylor Sr.

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

4/20/01

Date

(904) 282-5040

Daytime Phone #

CR2E037 (10/00)