

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000002114

1. Entity Name

MIDDLEBURG HISTORICAL MUSEUM, INC.

Principal Place of Business

3912 SECTION STREET  
MIDDLEBURG FL 32068

Mailing Address

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

TAYLOR, SR, CHARLES R  
2863 BLANDING BLVD.  
MIDDLEBURG FL 32068

7. Name and Address of New Registered Agent

Name  
Gayward F. Hendry  
Street Address (P.O. Box Number is Not Acceptable)  
577 Branscomb Rd.

City  
Green Cove Springs

FL

Zip Code  
32043

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, type or printed name of registered agent and title, 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  
NAME DS MEYER, PAULA ☐ Delete  
STREET ADDRESS 4532 TARRAGON AVE  
CITY-ST-ZIP MIDDLEBURG FL 32068

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

TITLE  
NAME DV MURRAY, RODNEY ☐ Delete  
STREET ADDRESS P O BOX 1300  
CITY-ST-ZIP MIDDLEBURG FL 32068

TITLE  
NAME DP HARPER, KEVIN ☐ Delete  
STREET ADDRESS 3858 MAIN ST  
CITY-ST-ZIP MIDDLEBURG FL 32068

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE  
NAME DT GAYWARD F. Hendry ☒ Change ☐ Addition  
STREET ADDRESS 577 Branscomb Rd  
CITY-ST-ZIP Green Cove Springs, FL 32043

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

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

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

TITLE  
NAME ☐ Change ☐ Addition  
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, type or printed name of signing officer or director

4-27-02

904-351-0900

Date

Daytime Phone #

CR2E037 (9/01)

0057857