

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90172 042 ****61.25

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000002790

1. Entry Name

PARRISH HISTORICAL SOCIETY, INC.

Principal Place of Business

OR S. HERBETS
3201 WILDERNESS BLVD W
PARRISH FL 34219
US

Mailing Address

OR S. HERBETS
3201 WILDERNESS BLVD W
PARRISH FL 34219
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

31-1572657

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

HERBETS, STANLEY K
3201 WILDERNESS BLVD W
PARRISH FL 34219

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

TITLE PD
NAME HERBETS, STANLEY K ☐ Delete
STREET ADDRESS 3201 WILDERNESS BLVD W
CITY- ST- ZIP PARRISH FL 32011

TITLE VPD
NAME DRETAR, STEPHEN ☒ Delete
STREET ADDRESS 9010 69TH AVENUE E
CITY- ST- ZIP PALMETTO FL 34221

TITLE STD
NAME KUMARICH, DAN ☐ Delete
STREET ADDRESS 2948 WILDERNESS BLVD E
CITY- ST- ZIP PARRISH FL 34219

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

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 ALICE R. HERBETS ☐ Change ☒ Addition
NAME
STREET ADDRESS 3201 WILDERNESS BLVD W TREASURER
CITY- ST- ZIP PARRISH, FL. 34219

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

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

TITLE
NAME ☐ Change ☐ Addition
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CITY- ST- ZIP

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-30-02

941-776 1060

Date

Daytime Phone #

CR2E037 (9/01)

Attachment



646859

#N97000002790



Dr. Stanley Herbets
3201 Wilderness Blvd.
Parrish, FL 34219

AT THE INCEPTION OF THE
PARRISH HISTORICAL SOCIETY
THE PARRISH CIVIC ASSN.
LOANED ^{\$}3000 TO THE PARRISH
HISTORICAL SOCIETY.

THE MONEY WAS RETURNED
THE FOLLOWING YEAR.

Stanley K. Herbets