2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2003 8:00 am
Secretary of State
02-06-2003 90069 044 ****61.25

DOCUMENT # N97000002790

1. Entity Name
PARRISH HISTORICAL SOCIETY, INC.

Principal Place of Business	Mailing Address
OR S. HERBETS 3201 WILDERNESS BLVD W PARRISH FL 34219 US	OR S. HERBETS 3201 WILDERNESS BLVD W PARRISH FL 34219 US

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
PARRISH, FL 34219	3201 WILDERNESS BLVD.-W
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PARRISH FL.	City & State: PARRISH FLORIDA
Zip: 34219 Country: USA	Zip: 34219 Country: USA

4. FEI Number 31-1572657 ☐ 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
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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD HERBETS, STANLEY K 3201 WILDERNESS BLVD W PARRISH FL 32011 PRESIDENT ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD KUMARICH, DAN 2946 WILDERNESS BLVD E PARRISH FL 34219 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T HERBETS, ALICE R 3201 WILDERNESS BLVD W PARRISH FL 32011 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE PRESIDENT (MRS) PAT WITT T 139 LANTANA CIRCLE PARRISH FL 34219 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	(MRS) CELE KUMARICH 2946 WILDERNESS BLVD-E SECRETARY PARRISH FL 34219 T ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER MARIE HASTINGS T 1804 FORT HAMER RD. PARRISH FL 34219 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (10/02)

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.

STANLEY K. HERBETS

SIGNATURE: SIGNATURE REQUIRED 2-4-03 941-776-1060

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #