

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

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90953 050 ****61.25

DOCUMENT # N97000002874

1. Entity Name
OCEAN REEF HISTORICAL SOCIETY, INC.



Principal Place of Business

**200 ANCHOR DR.
KEY LARGO FL 33037
US**

Mailing Address

**24 DOCKSIDE LANE
PMB 450
KEY LARGO FL 33037
US**

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

200 ANCHOR DRIVE

Suite, Apt. #, etc.

City & State

Zip

Country

Key Largo, FL

33037

Country

4. FEI Number **65-0900807**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**DAVIDSON, T.N.
07 SUNRISE CAY DRIVE
NORTH KEY LARGO FL 33037**

7. Name and Address of New Registered Agent

Name **Richard Skelly**
Street Address (P.O. Box Number is not acceptable)
17 Bayridge Rd
City **Key Largo** FL Zip Code **33037**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/25/03

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

TITLE	CDD	<input type="checkbox"/> Delete
NAME	DAVIDSON, TOM N	
STREET ADDRESS	07 SUNRISE CAY DRIVE	
CITY-ST-ZIP	NORTH KEY LARGO FL 33037	
TITLE	D	<input type="checkbox"/> Delete
NAME	SKELLY, RICHARD	
STREET ADDRESS	17 BAY RIDGE RD	
CITY-ST-ZIP	KEY LARGO FL 33037	
TITLE	D	<input type="checkbox"/> Delete
NAME	POST, RUSSELL A	
STREET ADDRESS	24 DISPATCH CREEK COURT	
CITY-ST-ZIP	NORTH KEY LARGO FL 33037	
TITLE	D	<input type="checkbox"/> Delete
NAME	GOLDSTEIN, ALAN	
STREET ADDRESS	5 CANNON POINT	
CITY-ST-ZIP	NORTH KEY LARGO FL 33037	
TITLE	D	<input type="checkbox"/> Delete
NAME	HACKELTON, WILLIAM B	
STREET ADDRESS	285 S HARBOR DR	
CITY-ST-ZIP	N KEY LARGO FL 33037	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHUMWAY, SHIRLEY	
STREET ADDRESS	58 TARPON LANE	
CITY-ST-ZIP	KEY LARGO FL 33037	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE CDD	<input checked="" 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	
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]

3/25/03

367-6300

CR2E037 (10/02)