

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000004732

1. Entity Name

GREATER NORTH MIAMI HISTORICAL SOCIETY, INC.

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90006 044 ****61.25

Principal Place of Business

Mailing Address

13100 WEST DIXIE HIGHWAY
NORTH MIAMI FL 33161

13100 WEST DIXIE HIGHWAY
NORTH MIAMI FL 33161-4131

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0778778

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

VALENTINE, DOROTHY D
13100 WEST DIXIE HIGHWAY
NORTH MIAMI FL 33161

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

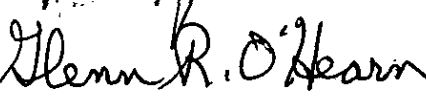
10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME GALVIN, SCOTT
STREET ADDRESS 13506 N E 24 CT
CITY-ST-ZIP N MIAMI FL 33181

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

TITLE VPD ☐ Delete
NAME O'HEARN, GLENN
STREET ADDRESS 110 NE 131 ST
CITY-ST-ZIP NO MIAMI FL 33161

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

TITLE TD ☐ Delete
NAME VALENTINE, WILLIAM R
STREET ADDRESS 740 NE 130 ST
CITY-ST-ZIP NO MIAMI FL 33161

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Delete
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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:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

305-981-7666

CR2E037 (9/99)