

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000005494

1. Entity Name

THE STAN COOPER HISTORICAL MUSEUM, INC.

**FILED**  
**Aug 22, 2000 8:00 am**  
**Secretary of State**

08-22-2000 90005 010 \*\*\*\*61.25

Principal Place of Business

3036 ALAMANDA ST  
COCONUT GROVE FL 33133

Mailing Address

3036 ALAMANDA ST  
COCONUT GROVE FL 33133

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0785936

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

TERRY, LAWRENCE  
1896 TIGERTAIL AVE.  
COCONUT GROVE FL 33133

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**  
**After September 13, 2000 min. will be \$236.25**

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 LEE, PATRICIA  
STREET ADDRESS RT 10 BOX 894, EDGEWOOD DR.  
CITY-ST-ZIP LAKE CITY FL 32025

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

TITLE VD ☐ Delete  
NAME COOPER, JAMES C  
STREET ADDRESS 6278 DEL NORTE CT.  
CITY-ST-ZIP NORCROSS GA 30093

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

TITLE VD ☐ Delete  
NAME ~~PANGETTE~~ GAIL ~~PADGETTE~~  
STREET ADDRESS 10910 SE 304 ST.  
CITY-ST-ZIP AUBURN WA 98092

TITLE ☒ Change ☐ Addition  
NAME PADGETTE, GAIL (correction)  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME PARKS, ARVA M  
STREET ADDRESS 1601 S. MIAMI AVE.  
CITY-ST-ZIP MIAMI FL 33129

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

TITLE ST ☐ Delete  
NAME TERRY, LAWRENCE  
STREET ADDRESS 1896 TIGERTAIL AVE.  
CITY-ST-ZIP COCONUT GROVE FL 33133

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

TITLE ☐ Delete  
NAME  
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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/00)