

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000007044

1. Entity Name

THE CIVIL WAR SOLDIERS MUSEUM FOUNDATION, INC.

**FILED**  
**Mar 25, 2002 8:00 am**  
**Secretary of State**

03-25-2002 90123 046 \*\*\*\*\*61.25

Principal Place of Business

108 SOUTH PALAFOX STREET  
PENSACOLA FL 32501  
US

Mailing Address

108 SOUTH PALAFOX STREET  
PENSACOLA FL 32501  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3035598

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

HAINES, NORMAN W JR  
4591 CANOPY ROAD  
PENSACOLA FL 32504

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

3/12/02

**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  
NAME HAINES, NORMAN W JR  
STREET ADDRESS 4591 CANOPY ROAD  
CITY-ST-ZIP PENSACOLA FL 32504 ☐ Delete

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

TITLE TR  
NAME GREENHUT, BILL  
STREET ADDRESS 4445 D'EVEREUX DRIVE  
CITY-ST-ZIP PENSACOLA FL 32503 ☐ Delete

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

TITLE VSTT  
NAME HAINES, SUSAN B  
STREET ADDRESS 4591 CANOPY ROAD  
CITY-ST-ZIP PENSACOLA FL 32504 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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

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 #

3/12/02

CR2E037 (9/01)