

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

**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90406 015 \*\*\*\*61.25

0101542

**DOCUMENT # N98000001110**

1. Entity Name

**SEBRING-RIDGE MUSEUM, INC.**



Principal Place of Business

**1981 U.S 27 SOUTH  
SEBRING FL 33870  
US**

Mailing Address

**1981 U.S 27 SOUTH  
SEBRING FL 33870  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0859654**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**JACKSON, ANDREW B  
150 NORTH COMMERCE AVE.  
SEBRING FL 33871**

7. Name and Address of New Registered Agent

Name **Ruth K. Davis**

Street Address (P.O. Box Number is Not Acceptable)

**667 S.E. Lakeview Dr.**

City **Sebring**

**FL**

Zip Code

**33870**

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 *Ruth K. Davis*

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

(NOTE: Registered Agent signature required when reinstating)

**4/30/03**  
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

TITLE **TD** ☒ Delete  
NAME **BOLEY, MARIE**  
STREET ADDRESS **1249 LAKESIDE DRIVE**  
CITY-ST-ZIP **LORIDA FL 33857**

TITLE **DP** ☐ Delete  
NAME **DAVIS, RUTH K**  
STREET ADDRESS **667 S.E. LAKEVIEW DR.**  
CITY-ST-ZIP **SEBRING FL 33870**

TITLE **DS** ☒ Delete  
NAME **MCGLOIN, FRANCES**  
STREET ADDRESS **3129 E PEEBLE CREEK DR**  
CITY-ST-ZIP **AVON PARK FL 33825**

TITLE **D** ☒ Delete  
NAME **JACKSON, ANDREW B**  
STREET ADDRESS **318 N.W. LAKEVIEW DR.**  
CITY-ST-ZIP **SEBRING FL 33870**

TITLE **DVP** ☒ Delete  
NAME **WHITLOCK, BUD**  
STREET ADDRESS **108 NORTH CIRCLE**  
CITY-ST-ZIP **SEBRING FL 33870**

TITLE **D** ☐ Delete  
NAME **WALKER, ELIZABETH**  
STREET ADDRESS **402 OAK AVE**  
CITY-ST-ZIP **SEBRING FL 33870**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DVP** ☐ Change ☒ Addition  
NAME **George Coyle**  
STREET ADDRESS **464 Thigbald Ln**  
CITY-ST-ZIP **Sebring FL 33870**

TITLE **DT** ☐ Change ☒ Addition  
NAME **Gelene Cochran**  
STREET ADDRESS **115 Brittany Lane**  
CITY-ST-ZIP **Sebring FL 33875**

TITLE **DS** ☐ Change ☒ Addition  
NAME **Sally McDougall**  
STREET ADDRESS **102 Karola Dr.**  
CITY-ST-ZIP **Sebring, FL 33870**

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

TITLE ☐ Change ☐ Addition  
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: *Ruth K. Davis*

**4-30-03**

CR2E037 (10/02)