

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 31, 2002 8:00 am**  
**Secretary of State**

01-31-2002 90064 038 \*\*\*\*70.00

0057716

**DOCUMENT # N98000006309**

1. Entity Name

**FORT WHITE HISTORICAL SOCIETY, INC.**

Principal Place of Business

Mailing Address

RTE. 2, BOX 9122  
 FORT WHITE FL 32038

RTE. 2, BOX 9122  
 FORT WHITE FL 32038

**B0015013**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-0201970**

Applied For

Not Applicable

Zip

Country

**Columbia**

Zip

Country

**Columbia**

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

**SHELTON, JOAN**  
**RTE. 2, BOX 9122**  
**FORT WHITE FL 32038**

Name

**SHELTON, JOAN**

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

**RTE. 2, BOX 9122**

**FORT WHITE**

**32038**

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

*Joan P. Shelton, Pres.*

**1-17-2002**

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 **D** ☐ Delete  
 NAME **SHELTON, JOAN**  
 STREET ADDRESS **RTE. 2, BOX 9122**  
 CITY-ST-ZIP **FORT WHITE FL 32038**

TITLE **P/D SHELTON, Joan** ☐ Change ☐ Addition  
 NAME **RTE. 2 BX 9122**  
 STREET ADDRESS **FORT WHITE FL 32038**  
 CITY-ST-ZIP

TITLE **D** ☐ Delete  
 NAME **LANCE, JIM**  
 STREET ADDRESS **RT 4 BOX 914**  
 CITY-ST-ZIP **FORT WHITE FL 32038**

TITLE **D LANCE, JIM** ☐ Change ☐ Addition  
 NAME **RT 4 BOX 914**  
 STREET ADDRESS **FORT WHITE FL 32038**  
 CITY-ST-ZIP

TITLE **S** ☐ Delete  
 NAME **DAVIS, LAVERNE S**  
 STREET ADDRESS **RR3 BOX 1289**  
 CITY-ST-ZIP **FORT WHITE FL 32034**

TITLE **S DAVIS, LAVERNE S.** ☐ Change ☐ Addition  
 NAME **RR3 BOX 1289**  
 STREET ADDRESS **FORT WHITE FL 32038**  
 CITY-ST-ZIP

TITLE **T** ☒ Delete  
 NAME **LOVE, MARY LOU**  
 STREET ADDRESS **RT 1 BOX 2390**  
 CITY-ST-ZIP **FORT WHITE FL 32038**

TITLE **T LENNETTE DANIELS** ☐ Change ☐ Addition  
 NAME **444 SW LANDER CT**  
 STREET ADDRESS **FORT WHITE, FL 32038**  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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:

*Joan P. Shelton, Pres.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)