

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000006756

1. Entity Name

THE HISTORIC VILLAGE OF DUNNELLON, INC.

FILED

Apr 14, 2001 8:00 am
Secretary of State

04-14-2001 90021 026 ***150.00

Principal Place of Business

20799 WALNUT STRET
DUNNELLON FL 34431

Mailing Address

PO BOX 682
DUNNELLON FL 34431

945125



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

59-3545370

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

POST, WILLIAM A ESQUIRE
20702 W. PENNSYLVANIA AVENUE
DUNNELLON FL 34431

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
NAME PD
STREET ADDRESS MYERS, NANCY
CITY-ST-ZIP 20799 WALNUT STRET
DUNNELLON FL 34431 ☐ Delete

TITLE
NAME Director
STREET ADDRESS Jean Geers
CITY-ST-ZIP 20799 Walnut St.
Dunnellon, FL 34431 ☐ Change ☒ Addition

TITLE
NAME D
STREET ADDRESS MARTIN, BOB
CITY-ST-ZIP 20799 WALNUT STRET
DUNNELLON FL 34431 ☐ Delete

TITLE
NAME Director
STREET ADDRESS Barbara Swope
CITY-ST-ZIP 20799 Walnut St
Dunnellon, Fla 34431 ☐ Change ☒ Addition

TITLE
NAME DT
STREET ADDRESS WILKINS, ROBIN
CITY-ST-ZIP 20799 WALNUT STRET
DUNNELLON FL 34431 ☐ Delete

TITLE
NAME Director
STREET ADDRESS LOU GUSTAVSEN
CITY-ST-ZIP 20799 Walnut St
Dunnellon, FLA 34431 ☐ Change ☒ Addition

TITLE
NAME V
STREET ADDRESS FERRING, BOB
CITY-ST-ZIP 20799 WALNUT ST
DUNNELLON FL 34431 ☐ Delete

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

TITLE
NAME D
STREET ADDRESS WILLIAMS, EDDIE
CITY-ST-ZIP 20799 WALNUT ST
DUNNELLON FL 34431 ☒ Delete

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

TITLE
NAME S
STREET ADDRESS LONG, ROSIE
CITY-ST-ZIP 20799 WALNUT ST
DUNNELLON FL 34431 ☐ Delete

TITLE
NAME
STREET ADDRESS
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/27/01 352 489-1628

CR2E037 (10/00)