

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000006756

1. Entity Name

THE HISTORIC VILLAGE OF DUNNELLON, INC.

Principal Place of Business

20799 WALNUT STREET
DUNNELLON FL 34431

Mailing Address

PO BOX 682 20775 Chestnut St
DUNNELLON FL 34431 Dunnellon, FL 34431

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

59-3545370

Applied For

Not Applicable

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	PD	<input type="checkbox"/> Delete
NAME	MYERS, NANCY	
STREET ADDRESS	20799 WALNUT STREET	
CITY-ST-ZIP	DUNNELLON FL 34431	
TITLE	D	<input type="checkbox"/> Delete
NAME	MARTIN, BOB	
STREET ADDRESS	20799 WALNUT STREET	
CITY-ST-ZIP	DUNNELLON FL 34431	
TITLE	DT	<input type="checkbox"/> Delete
NAME	WILKINS, ROBIN	
STREET ADDRESS	20799 WALNUT STREET	
CITY-ST-ZIP	DUNNELLON FL 34431	
TITLE	V	<input type="checkbox"/> Delete
NAME	FERRING, BOB	
STREET ADDRESS	20799 WALNUT ST	
CITY-ST-ZIP	DUNNELLON FL 34431	
TITLE	D	<input type="checkbox"/> Delete
NAME	SWOPE, BARBARA	
STREET ADDRESS	20799 WALNUT ST	
CITY-ST-ZIP	DUNNELLON FL 34431	
TITLE	S	<input type="checkbox"/> Delete
NAME	LONG, ROSIE	
STREET ADDRESS	20799 WALNUT ST	
CITY-ST-ZIP	DUNNELLON FL 34431	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

Nancy Myers NANCY MYERS

3/20/02 352-465-1460

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)

0087037

FILED
Mar 29, 2002 8:00 am
Secretary of State

03-29-2002 91432 013 ****61.25



DO NOT WRITE IN THIS SPACE