

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90026 006 ****61.25

DOCUMENT # N06223

1. Entity Name

BONITA SPRINGS HISTORICAL SOCIETY, INC.

Principal Place of Business

27142 RIVERSIDE DR
 BONITA SPRINGS FL 34134
 US

Mailing Address

P O BOX 3015
 BONITA SPRINGS FL 34133
 US

550545



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2482932

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

TRINDLE, BERYL M
4060 TARPON AVENUE
BONITA SPRINGS FL 34134

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

Beryl M. Trindle, *Beryl Trindle, President* *5/1/01*

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	VD	<input type="checkbox"/> Delete
NAME	MATZ, DEE	
STREET ADDRESS	3689 CARTWRIGHT CT	
CITY-ST-ZIP	BONITA SPRINGS FL 34134	
TITLE	D	<input type="checkbox"/> Delete
NAME	TREW, DONALD	
STREET ADDRESS	26921 PALM ST	
CITY-ST-ZIP	BONITA SPRINGS FL 34135	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	SUPRLOCK, ELAINE	
STREET ADDRESS	27312 VALOIS DR.	
CITY-ST-ZIP	BONITA SPGS FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	STURGIS, ELIZABETH	
STREET ADDRESS	56 1ST STREET	
CITY-ST-ZIP	BONITA SPRGS FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	TRINDLE, BERYL	
STREET ADDRESS	4060 TARPON AVE	
CITY-ST-ZIP	BONITA SPGS. FL 34134	
TITLE	D	<input type="checkbox"/> Delete
NAME	WOLLAM, DORIS	
STREET ADDRESS	10440 WOOD IBIS AVE	
CITY-ST-ZIP	BONITA SPRINGS FL 34135	

TITLE	BOARD MEMBER - D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	AYDELOTT, JOAN	
STREET ADDRESS	27680 Perce Ave.	
CITY-ST-ZIP	Bonita Springs, FL 34135	
TITLE	TREASURER - TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NICHOLS, RUTH	
STREET ADDRESS	76 4th St., # 9-202	
CITY-ST-ZIP	Bonita Springs, FL 34134	
TITLE	BOARD MEMBER - D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HENGEL, DAVID	
STREET ADDRESS	26 3rd St.	
CITY-ST-ZIP	Bonita Springs, FL 34134	
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		

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 M. Nichols*, *Ruth M. Nichols, Treas.* *5/1/01* (941) 947-8058

CR2E037 (10/00)