

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 706837

1. Entity Name

SOUTH FLORIDA SCIENCE MUSEUM, INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90058 032 ****70.00

Principal Place of Business

Mailing Address

4801 DREHER TRAIL NORTH
WEST PALM BEACH FL 33405

4801 DREHER TRAIL NORTH
WEST PALM BEACH FLA 33405-3017

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

59-0915177

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

ROSENBERG, STEVEN MD
470 COLUMBIA DR STE 102A
WEST PALM BEACH FL 33409

Name
Dr. Kate Gildan

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

520 Overlook Drive

City

West Palm Beach

FL

Zip Code

33408

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

Dr. Kate Gildan

4-26-00

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 CD ☒ Delete
NAME ROSENBERG, STEVEN
STREET ADDRESS 470 COLUMBIA DR STE 102A
CITY-ST-ZIP W PALM BEACH FL 33409

TITLE CD ☐ Change ☒ Addition
NAME Dr. Kate Gildan
STREET ADDRESS 520 Overlook Drive
CITY-ST-ZIP West Palm Beach, FL 33408

TITLE VD ☐ Delete
NAME HONIG, BRUCE
STREET ADDRESS 10292 ALAMANDA BLVD
CITY-ST-ZIP PALM BEACH GARDENS FL 33410

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

TITLE SD ☐ Delete
NAME BERNARD, CHERRY
STREET ADDRESS 1601 FORUM PL
CITY-ST-ZIP W PALM BEACH FL 33401

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

TITLE TD ☐ Delete
NAME JORTH, BRUCE
STREET ADDRESS 1555 PALM BEACH LAKES BLVD STE 1400
CITY-ST-ZIP W PALM BEACH FL 33401

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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:

Dr. Kate Gildan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-00 561-626-5360

Date

Daytime Phone #

CR2E037 (9/99)