

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 706837

1. Entity Name

SOUTH FLORIDA SCIENCE MUSEUM, INC.

Principal Place of Business

Mailing Address

4801 DREHER TRAIL NORTH
WEST PALM BEACH FL 33405

4801 DREHER TRAIL NORTH
WEST PALM BEACH FL 33405

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

Gildan

GILDEN, KATE DR
520 OVERLOOK DRIVE
WEST PALM BEACH FL 33408

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
STREET ADDRESS
CITY-ST-ZIP
VD
HONG, BRUCE
10282 ALAMANDA BLVD
PALM BEACH GARDENS FL 33410

☒ Delete

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

☐ Delete

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

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CD
GILDEN, KATE
520 OVERLOOK DRIVE
WEST PALM BEACH FL 33408

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SECRETARY
MYERS, WYCKOFF
230 WERRAY RD
West Palm Bch, FL 33405

☐ Change

☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Vice-Chairman

☒ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

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 #

FILED
May 30, 2002 8:00 am
Secretary of State

05-14-2002 90054 022 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)