2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 91448 021 ****61.25

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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

☐ CHECK HERE IF MAKING CHANGES

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

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

7. Name and Address of New Registered Agent

Name: CHERRY, BERNARD
Street Address (P.O. Box Number is Not Acceptable): 1 NORTH BREAKERS ROW
APT 321
City: PALM BEACH FL Zip Code: 33480

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ 4.8.03
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 Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST WYCKOFF, MYERS 230 MURRAY RD WEST PALM BEACH FL 33405	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST BARKDULL, JAYNE R. 1100 CENTERPARK DR, # 1000 W. PALM BCH, FL 33401	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VT CHERRY, BERNARD 1601 FORUM PL W PALM BEACH FL 33401	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CDT CHERRY, BERNARD 1 NORTH BREAKERS ROW, APT 321 PALM BEACH, FL 33480	☒ Change ☐ Addition
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		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CDT GILDEN, KATE 520 OVERLOOK DRIVE WEST PALM BEACH FL 33408	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VT GLIDDEN, JOHN 1401 FORUM PLACE, STE 100 W. PALM BCH, FL 33401	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/02)

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 REQUIRED 4.8.03