2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 05, 2000 8:00 am
Secretary of State
06-08-2000 90002 001 ****61.25

DOCUMENT # 708127

1. Entity Name
Museum of Science and History of Jacksonville, Inc

Principal Place of Business	Mailing Address
1025 Museum Circle Jacksonville, FL 32207	1025 Museum Circle Jacksonville, FL 32207

307076
DO NOT WRITE IN THIS SPACE

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 59-0651090 ☐ 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
Dundon, Margo D 1025 Museum Circle Jacksonville, FL 32207	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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 Pg 1 of 2			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Fletcher, Jerome P.O. Box 1219 Ponte Vedra Beach, FL 32004	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Past President Fletcher, Jerome S. P.O. Box 1219 Ponte Vedra Beach, FL 32004	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Jones, A. Crane 2881 Spanish Cove TR Jacksonville, FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Schmitt, John P.O. Box 23410 Jacksonville, FL 32203-2340	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AL White, A. Quinton 3040 N. Merlin Drive Jacksonville, FL 32257	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Past President Baker, J. Stewart 1007 Elder Lane Jacksonville, FL 32207	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	At Large Baker, J. Stewart 1025 Museum Circle Jax, FL 32207	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VT McCorkle, Holly 1971 River Road Jacksonville, FL 32207	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice Chairman Rummell, Lee Anne 1025 Museum Circle Jax, FL 32207	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Elect Welch, John 200 N. Laura Street Jacksonville, FL 32202	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Chairman Welch, John 200 N. Laura St. Jacksonville, FL 32202	☐ Change ☒ Addition

CR2E037 (9/99)

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.

CONTINUED ON NEXT PAGE

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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Attachment
307076
708127

DOCUMENT # 708127

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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP			TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		
TITLE	Vice Chairman	T ☐ Delete	TITLE		☐ Change ☒ Addition
NAME	Dubow, Michael		NAME		
STREET ADDRESS	9428 Baymeadows Rd. Suite 250		STREET ADDRESS		
CITY-ST-ZIP	Jax, FL 32256		CITY-ST-ZIP		
TITLE	Vice Chairman	T ☐ Delete	TITLE		☐ Change ☒ Addition
NAME	Tomm, Charlie		NAME		
STREET ADDRESS	P.O. Box 16469		STREET ADDRESS		
CITY-ST-ZIP	Jax, FL 32245		CITY-ST-ZIP		
TITLE	Secretary	T ☒ Delete	TITLE		☐ Change ☒ Addition
NAME	Ryzewic, Susan		NAME		
STREET ADDRESS	5000 Sawgrass Village Drive Suite #2		STREET ADDRESS		
CITY-ST-ZIP	Ponte Vedra Beach, FL 32082		CITY-ST-ZIP		
TITLE	At Large	T ☐ Delete	TITLE		☐ Change ☒ Addition
NAME	Vance, Jane		NAME		
STREET ADDRESS	One AllTell Stadium Place		STREET ADDRESS		
CITY-ST-ZIP	Jax, FL 32202		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E037 (9/99)

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: x Margo Dundon, President MARGO DUNDON, PRESIDENT 5/8/00 904-396-7062

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #