2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2001 8:00 am
Secretary of State
01-31-2001 90093 006 ****61.25

Q011131

DOCUMENT # 708127

1. Entity Name

MUSEUM OF SCIENCE AND HISTORY OF JACKSONVILLE, I

Principal Place of Business	Mailing Address
1025 MUSEUM CIRCLE JACKSONVILLE FL 32207	1025 MUSEUM CIRCLE JACKSONVILLE FL 32207

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 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 _____
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	PT FLETCHER, JEROME P.O. BOX 1219 N/A PONTE VEDRA BEACH FL 32004	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VC Subow, michael 4801 Executive park court # 100 Jacksonville, Fl 32216	T ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T SCHMITT, JOHN PO BOX 2340 JACKSONVILLE FL 32203	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	at Large vance, paul 1 Alltell Stadium Place Jacksonville, Fl 32202	T ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T BAKER, J STEWART 1025 MUSEUM CIRCLE JACKSONVILLE FL 32207	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S RYZEWIC, Susan 5000 Sawgrass Village Dr #2 Ponte Vedra, Fl 32082	T ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VC RUMMELL, LEE ANN 1025 MUSEUM CIRCLE JACKSONVILLE FL 32207	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	at Large (Past Chair) Fletcher, Jerome PO Box 1219 Ponte Vedra, Fl 32204	T ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CT WELCH, JOHN 200 N. LAURA STREET JACKSONVILLE FL 32202	☐ 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 (10/00)

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: Margo Dundon (DATE REQUIRED) 1/24/01 391-7062
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #