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

**DOCUMENT #** 

1. Entity Name

708127

Museum of Science & History of Jacksonville, Inc

## FILED May 15, 2002 8:00 am Secretary of State

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2. Principal Place of Business
1025 Museum Circle

Suite, Apt. #, etc.

City & State

Zip

Country

Suite, Apt. #, etc.

City & State

Country

Zip

Country

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE 7. Name and Address of Current Registered Agent

Name Dundon, Margo

Street Address (P.O. Box Number is Not Acceptable)
1025 Museum Circle

Jacksonville,

FL 32207

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

	Initial or Amended UBR	Election Campa Trust Fund Con			\$5.00 May Be Added to Fees	Make Check Payable to Department of State
10.	OFFICERS AND DIRECTORS		160	1		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	p Rummell, Lee Ann 2538 River Rd.	T	NAME '' STREET ADDRESS CITY: ST. ZIP			
TITLE	Jacksonville, FL 32207 VP		TITLE			
NAME STREET ADDRESS CITY-ST-ZIP	O'Grady, John 50 N. Laura St. Jax., FL	т 32202	NAME STREET ADDRESS CITY-ST-ZIP		ne die en state en setten die	na Carata de la caractería
TITLE	T: - : =	J.	TITLE "			
NAME	Ryzewic, Susan	-	NAME		un Medical distribution	
STREET ADDRESS CITY-ST-ZIP	5000 Sawgrass Village Dr Ponte Vedra, FL 32082	•	STREET ADDRESS CITY- ST-ZIP		: DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Walton, Dori 545 Ponte Vedra Blvd. Ponte Vedra, FL 32082	Т	IITLE NAME STREET ADDRESS CITY-ST-ZIP		IN T	HIS SPACE
TITLE	past chair	T	TITLE			
NAME	Welch, JOhn 200 N. Laura St.	-	NAME STREET ADDRESS			
STREET ADDRESS CITY-ST-ZIP	JAcksonville, FL 32202		CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	at large Baker, Stew PO Box 2340 Jacksonville, FL 32202	T	TITLE  NAME  STREET ADDRESS  CITY: ST. ZIP			

12. Thereby certify that the information supplied with this filling 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 on an attachment with an address, with all other like empowered.

SIGNATURE: \_

Margonunda