

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

FILED
Feb 13, 2003 8:00 am
Secretary of State

02-13-2003 90238 008 ****61.25

DOCUMENT # 708127

1. Entity Name
MUSEUM OF SCIENCE AND HISTORY OF JACKSONVILLE, I NC.



Principal Place of Business

**1025 MUSEUM CIRCLE
JACKSONVILLE FL 32207**

Mailing Address

**1025 MUSEUM CIRCLE
JACKSONVILLE FL 32207**

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**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**DUNDON, MARGO
1025 MUSEUM CIRCLE
JACKSONVILLE FL 32207**

7. Name and Address of New Registered Agent

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

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PT RUMMELL, LEE ANN 2538 RIVER ROAD. JACKSONVILLE FL 32207	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VT O'GRADY, JOHN 50 N. LAURA STREET JACKSONVILLE FL 32202	☒ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TT RYZEWIC, SUSAN 5000 SAWGRASS VILLAGE DRIVE PONTE VEDRA BEACH FL 32082	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST WALTON, DORI 545 PONTE VEDRA BLVD. PONTE VEDRA BEACH FL 32082	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PCT WELCH, JOHN 200 N. LAURA STREET JACKSONVILLE FL 32202	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ALT BAKER, STEW PO BOX 2340 JACKSONVILLE FL 32202	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP Fletcher, John 1211 N. Third St. Jacksonville, FL 32250	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
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 REQUIRED

2/11/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E037 (10/02)