2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachm

at with an address, with all other like empowered.

FILED **DOCUMENT # 746729** Jun 16, 2000 8:00 am 1. Entity Name **Secretary of State** THE CHILDREN'S MUSEUM, INC. 06-16-2000 90112 044 ****61.25 Principal Place of Business Mailing Address 498 CRAWFORD BLVD. 498 CRAWFORD BLVD. **BOCA RATON FL 33432-3752 BOCA RATON FL 33432** 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-6652019 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Näme Street Address (P.O. Box Number is Not Acceptable) OSBORNE, R. BRADY, JR. % OSBORNE, HANKINS, MACLAREN & REDGRAVE 998 S. FEDERAL HIGHWAY Zip Code City **BOCA RATON FL 33432** 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 (NOTE: Registered Agent signature required when reinstating) Stonature, typed or printed name of registered agent and title if applicable Make Check Payable to 9. Election Campaign Financing FILE NOW: **\$5.00** May Be Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Addition ☐ Delete TITLE TITLE NAME NUEMAN, TOM STREET ADDRESS STREET ADDRESS 7601 N FEDERAL HWY CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33487** ☐ Change ☐ Addition TITLE SD ☐ Delete TITLE NAME ROSS. SISTER ELIZABE NAME STREET ADDRESS STREET ADDRESS 125 HIDDEN VALLEY RD 11 CITY-ST-ZIP CITY-ST-ZIP BOCA:RATON FL ☐ Addition Change TD ☐ Delete TITLE TITLE ANDERSON, BLAIR NAMÉ NAME STREET ADDRESS STREET ADDRESS 413 BUTTONWOOD PL CITY-ST-ZIP CITY-ST-7IP **BOCA RATON FL** Change ☐ Addition ☐ Delete TITLE TITLE MERCIER, POPPI NAME NAME STREET ADDRESS STREET ADDRESS 30 SW 5TH AVENUE CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL** TITLE ☐ Change ■ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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