

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 25, 2002 8:00 am**  
**Secretary of State**

03-25-2002 90133 036 \*\*\*\*61.25

**DOCUMENT # N50213**

1. Entity Name

**SOUTH FLORIDA MUSEUM AND BISHOP PLANETARIUM, INC**

Principal Place of Business

Mailing Address

**201 10TH STREET WEST  
 BRADENTON FL 34205**

**1301 SIXTH AVE. WEST  
 SUITE 600  
 BRADENTON FL 34205  
 US**

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

**59-0598726**

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

**KING, JEFFREY L.  
 1301 SIXTH AVE W.  
 SUITE 600  
 BRADENTON FL 34205**

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          | <b>PD</b>                     | <input type="checkbox"/> Delete |
| NAME           | <b>BLALOCK, DAN S. JR.</b>    |                                 |
| STREET ADDRESS | <b>1111 8TH AVENUE WEST</b>   |                                 |
| CITY-ST-ZIP    | <b>BRADENTON FL</b>           |                                 |
| TITLE          | <b>TD</b>                     | <input type="checkbox"/> Delete |
| NAME           | <b>KING, JEFFREY L.</b>       |                                 |
| STREET ADDRESS | <b>1301 6TH AVE W STE 600</b> |                                 |
| CITY-ST-ZIP    | <b>BRADENTON FL</b>           |                                 |
| TITLE          | <b>VD</b>                     | <input type="checkbox"/> Delete |
| NAME           | <b>CARTER, MIKE</b>           |                                 |
| STREET ADDRESS | <b>1227 9TH AVE W.</b>        |                                 |
| CITY-ST-ZIP    | <b>BRADENTON FL</b>           |                                 |
| TITLE          | <b>SD</b>                     | <input type="checkbox"/> Delete |
| NAME           | <b>HOWARD, JOHN</b>           |                                 |
| STREET ADDRESS | <b>315 41ST ST W</b>          |                                 |
| CITY-ST-ZIP    | <b>BRADENTON FL</b>           |                                 |
| TITLE          |                               | <input type="checkbox"/> Delete |
| NAME           |                               |                                 |
| STREET ADDRESS |                               |                                 |
| CITY-ST-ZIP    |                               |                                 |
| TITLE          |                               | <input type="checkbox"/> Delete |
| NAME           |                               |                                 |
| STREET ADDRESS |                               |                                 |
| CITY-ST-ZIP    |                               |                                 |

|                |  |   |
|----------------|--|---|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |

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:** *Jeffrey L. King* **JEFFREY L KING, PRES** **1/8/02** **941-747-4483**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)