

FILED  
Jun 16, 2003 8:00 am  
Secretary of State

06-16-2003 90145 018 \*\*\*\*61.25

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

DOCUMENT # N02000003841

1. Entity Name  
**CHILDREN'S MUSEUM OF NAPLES, INC.**

Principal Place of Business  
1167 THIRD STREET SOUTH  
SUITE 108  
NAPLES, FL 34102

Mailing Address  
1167 THIRD STREET SOUTH  
SUITE 108  
NAPLES, FL 34102

2. Principal Place of Business  
**821 Fifth Avenue South**

3. Mailing Address  
**P. O. Box 2423**

Suite, Apt. #, etc.  
**Suite 201**

Suite, Apt. #, etc.

City & State  
**Naples, Florida**

City & State  
**Naples, Florida**

Zip  
**34102**

Country  
**USA**

Zip  
**34106**

Country  
**USA**



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number  
**01-0687133**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

KELLER, ANN L MS  
1167 THIRD STREET SOUTH  
SUITE 108  
NAPLES, FL 34102

**7. Name and Address of New Registered Agent**

Name  
**Lisa H. Barnett**  
Street Address (P.O. Box Number is Not Acceptable)  
**821 Fifth Avenue South**  
**Suite 201**  
City  
**Naples** FL Zip Code  
**34102**

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.

**Lisa H. Barnett**

(NOTE: Registered Agent signature required when reinstating)

06/12/03

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	PD Julie Koester 454 Palm River Blvd. Naples, Florida 34110	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Nancy Ross 7344th Street Bonita Springs, Florida 34134	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Kim Barnett-Buckheit 2123 Laguna Way Naples, Florida 34109	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Lisa H. Barnett 821 Fifth Avenue South, Suite 201 Naples, Florida 34102	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Allyson Loos 445 7th Avenue North Naples, Florida 34102	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Lisa H. Barnett, Treasurer/Director**

06/12/03 239-261-9300

Date

Daytime Phone #

CR2E037 (10/02)