

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

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90285 040 ****61.25

DOCUMENT # 700186

1. Entity Name
GRAVES MUSEUM OF ARCHAEOLOGY & NATURAL HISTORY, INC.

Principal Place of Business
**481 S. FEDERAL HWY.
DANIA BEACH FL 33004
US**

Mailing Address
**481 S. FEDERAL HWY.
DANIA BEACH FL 33004
US**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip

4. FEI Number **23-7101113**

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



11032661



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
**PASCUCCI, RUDY
481 S. FEDERAL HIGHWAY
DANIA BEACH FL 33004**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FLYNN, PATTY 481 S. FEDERAL HWY. DANIA BEACH FL 33004 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PASCUCCI, RUDY 481 S. FEDERAL HWY. DANIA BEACH FL 33004 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD PROUDFOOT, JACKIE 481 S. FEDERAL HWY. DANIA BEACH FL 33004 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Carole McMullen - Petit Secretary 481 S. Federal Hwy Dania Beach, Fla. 33004 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRAVES, GYPSY 481 S. FEDERAL HWY. DANIA BEACH FL 33004 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director DR. Fred Hoffman 481 S. Federal Hwy Dania Beach, FL 33004 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RODRIGUEZ, JACK 481 S. FEDERAL HWY. DANIA BEACH FL 33004 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director DR. Ed. Petuch 481 S. Federal Hwy Dania Beach FL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GASKILL, KATE 481 S. FEDERAL HWY. DANIA BEACH FL 33004 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	BURTON GARNFIELD 481 S. Federal Hwy Dania Beach FL 33004 <input checked="" 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] 4/25/03 (954) 925-7770x 216
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/02)