

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 700939

1. Entity Name

THE GUILD OF THE MUSEUM OF SCIENCE, INC.

FILED

Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90112 031 ****61.25

Principal Place of Business

Mailing Address

3280 SOUTH MIAMI AVENUE
MIAMI FL 33129

3280 SOUTH MIAMI AVENUE
MIAMI FL 33129-2832

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1002365

Applied For

Not Applicable

Zip

Country

Zip

Country

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

ROSS, CAROLYN SUE
913 ANDALUSIA AVENUE
CORAL GABLES FL 33134

Name

HEKtner, Myrtice

Street Address (P.O. Box Number is Not Acceptable)

3600 Alhambra Ct

Coral Gables

City

FL

Zip Code

33134

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
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
SIMS, NANCY
7760 SW 167TH TERR
MIAMI FL 33157 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TREASURER
Revell, Sheila
528 Aitana Ave
Coral Gables, FL 33146 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
MURRILL, JACKIE
7855 SW 141 TERRACE
MIAMI FL 33158 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Vice President
Sharon Frazier
12420 SW 89 Ave
Miami, FL 33176 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
ROSS, CAROLYN SUE
913 ANDALUSIA AVE
CORAL GABLES FL 33134 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MELOAN, MARY ELLEN
17552 SW 84 AVENUE
MIAMI FL 33157 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
LONDONO, ROSEMARY
9530 SW 68 AVENUE
MIAMI FL 33156 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
HEKtNER, MYRTICE
3600 ALHAMBRA CT
CORAL GABLES FL 33134 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President
myrtice Hektner
3600 Alhambra Ct
Coral Gables, FL 33134 ☐ 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Myrtice E. Hektner 2/22/00 665-9593
Date Daytime Phone #

CR2E037 (9/99)