2000 UNIFORM BUSINESS REPORT (UBR)

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FILED
May 16, 2000 8:00 am
Secretary of State
03-03-2000 90070 001 *****8.75
03-03-2000 90070 002 ****61.25

DOCUMENT # 718712

1. Entity Name

CALUSA NATURE CENTER AND PLANETARIUM, INC.

Principal Place of Business	Mailing Address
3450 ORTIZ AVENUE FORT MYERS FL 33905 US	3450 ORTIZ AVE FORT MYERS FL 33905-7811 US

DO NOT WRITE IN THIS SPACE

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 23-7090889 ☐ 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
BECKMAN, SUSAN E. 7319 SEAN LANE NORTH FORT MYERS FL 33917	Name: Susan E Brookman Street Address (P.O. Box Number is Not Acceptable): 18060 Giddens Drive City: Alva FL Zip Code: 33920

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 Susan E. Brookman, Susan E. Brookman 2-9-00
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	T TAYLOR, KATHLEEN 3017 MCGREGOR BLVD FORT MYERS FL 33912	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Hall, David Carleton 1565 Red Cedar Drive Fort Myers, FL 33907	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BECKMAN, SUSAN 7319 SEAN LANE NORTH FORT MYERS FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Brookman, Susan 18060 Giddens Drive Alva, FL 33920	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SEC DELTON, WAYNA 4950 BAYLINE DR NORTH FORT MYERS FL 33912	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T SEC Dalty, Wayne 4950 Bayline Drive North Fort Myers, FL 33917	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BUTLER, CAREY 1625 HENDRY ST FORT MYERS FL 33901	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T P Rippe, Jacqueline 2301 McGregor Blvd. Fort Myers, FL 33901	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP RIPPE, JACQUE 2301 MCGREGOR BLVD. FORT MYERS FL 33901	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T VP Cassani, John 15191 Homestead Road Lehigh Acres, FL 33971	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T VP Szabo, Douglas 1715 Monroe Street Fort Myers, FL 33901	☐ Change ☑ Addition

CR2E037 (9/99)

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 Susan E. Brookman 2-9-00 (941)275-3435
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #