

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 722545

1. Entity Name

FLORIDA HISTORY CENTER & MUSEUM, INC.

Principal Place of Business

805 N. U.S. HWY. ONE
JUPITER FL 33477-3213

Mailing Address

805 N. U.S. HWY. ONE
JUPITER FL 33477-3213
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

23-7448343

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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.

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

TITLE VP
NAME COMPARE, PAUL
STREET ADDRESS 220 VENUS ST, SUITE 7
CITY-ST-ZIP JUPITER FL 33458 ☐ Delete

TITLE PD
NAME KOLLMER, MARIANNE
STREET ADDRESS 460 SUNRISE WAY
CITY-ST-ZIP JUNO BEACH FL 33408 ☐ Delete

TITLE T
NAME PHELPS, ROGER
STREET ADDRESS 4161 S. US HIGHWAY ONE
CITY-ST-ZIP JUPITER FL ☐ Delete

TITLE SD
NAME KOLLMER, MARIANNE
STREET ADDRESS 460 SUNRISE WAY
CITY-ST-ZIP JUNO BEACH FL ☐ Delete

TITLE S
NAME KULANAS, JOSEPH
STREET ADDRESS 5420 N. OCEAN DRIVE
CITY-ST-ZIP SINGER ISLAND FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Feb 14, 2000 8:00 am
Secretary of State

02-14-2000 90035 023 ****61.25

00020178



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)