

**2001 UNIFORM BUSINESS REPORT (UBR)**

4/2

**FILED**  
**May 18, 2001 8:00 am**  
**Secretary of State**

04-24-2001 90350 005 \*\*\*\*61.25

**DOCUMENT # 722545**

1. Entity Name

**FLORIDA HISTORY CENTER & MUSEUM, INC.**

Principal Place of Business

Mailing Address

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

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

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

23-7448343

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

KOLLMER, MARIANNE  
 460 SUNRISE WAY  
 JUNO BEACH FL 33408

Name DuBois, John

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

931 Village Blvd, #905-447

City West Palm Beach

FL

Zip Code 33409

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]*

John DuBois

4/17/01

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	<input checked="" type="checkbox"/> Delete
NAME	COMPARE, PAUL	
STREET ADDRESS	220 VENUS ST, SUITE 7	
CITY-ST-ZIP	JUPITER FL 33458	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	KOLLMER, MARIANNE	
STREET ADDRESS	460 SUNRISE WAY	
CITY-ST-ZIP	JUNO BEACH FL 33408	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	PHELPS, ROGER	
STREET ADDRESS	4161 S. US HIGHWAY ONE	
CITY-ST-ZIP	JUPITER FL	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	KOLLMER, MARIANNE	
STREET ADDRESS	460 SUNRISE WAY	
CITY-ST-ZIP	JUNO BEACH FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	KULANAS, JOSEPH	
STREET ADDRESS	5420 N. OCEAN DRIVE	
CITY-ST-ZIP	SINGER ISLAND FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	1st Vice President:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Boyd, Robert	
STREET ADDRESS	18101 SE Fairview Circle	
CITY-ST-ZIP	Tequesta, FL 33469	1/VP D
TITLE	2nd Vice President:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Compare, Paul	
STREET ADDRESS	220 Venus St., Suite 7	
CITY-ST-ZIP	Jupiter, FL 33438	2/VP D
TITLE	Treasurer:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Noel Donald	
STREET ADDRESS	14148 US Highway 1	
CITY-ST-ZIP	Juno Beach, FL 33408	Trea D
TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DuBois, John	
STREET ADDRESS	931 Village Blvd, #905-447	
CITY-ST-ZIP	West Palm Beach, FL 33409	D
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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** John DuBois

4/19/01

561-648-3227

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)