

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 729734

1. Entity Name

PALM BEACH MARITIME MUSEUM, INC.

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90182 006 ****70.00

Principal Place of Business

Mailing Address

4512 POINSETTIA AVE
 STE 305
 W. PALM BCH FL 33407

P.O. BRAWER 2317
 PALM BEACH FL 33480



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

4512 N. FLAGLER DR.

Suite, Apt. #, etc.

SUITE 305

City & State

W. PALM BEACH, FL

4. FEI Number

59-1540474

Applied For

Not Applicable

Zip 33407

Country USA

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

GRANT, (JOHN C.)
 168 SEABREEZE AVE
 PALM BEACH 33480

Name SAME

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

3210 POINSETTIA AVE.

W. PALM BEACH

FL

Zip Code 33407

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	CPTR	<input type="checkbox"/> Delete
NAME	GRANT, (JOHN C.)	
STREET ADDRESS	168 SEABREEZE AVE	
CITY-ST-ZIP	PALM BEACH FL	
TITLE	VTR	<input type="checkbox"/> Delete
NAME	GRANT, (OLGA M.)	
STREET ADDRESS	168 SEABREEZE AVE	
CITY-ST-ZIP	PALM BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GRANT, OLGA M.	
STREET ADDRESS	168 SEABREEZE AVE	
CITY-ST-ZIP	PALM BEACH FL	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	REMSEN, JOHN L.	
STREET ADDRESS	394-A GOLFVIEW RD	
CITY-ST-ZIP	NORTH PALM BEACH FL 33408	
TITLE	ST	<input type="checkbox"/> Delete
NAME	SANSBURY, JOHN C.	
STREET ADDRESS	8660 THOUSAND PINES CIRCLE	
CITY-ST-ZIP	WEST PALM BEACH FL 33411	
TITLE	TR	<input type="checkbox"/> Delete
NAME	MILLER, HOYLE H JR	
STREET ADDRESS	19700 BCH RD.	
CITY-ST-ZIP	JUPITER FL 33469	

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3210 POINSETTIA AVE	
CITY-ST-ZIP	W. PALM BEACH, FL 33407	
TITLE	V/TR/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3210 POINSETTIA AVE.	
CITY-ST-ZIP	W. PALM BEACH, FL 33407	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S/T/TR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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)(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: JOHN C. GRANT, PRES. 4/6/00 561-842-8202

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)