

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 730041

1. Entity Name

CROWLEY MUSEUM & NATURE CENTER, INC.

Principal Place of Business

16405 MYAKKA ROAD
SARASOTA FL 34240

Mailing Address

16405 MYAKKA ROAD
SARASOTA FL 34240-9192

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

23-7374527

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

SPEARS, SUSAN
16405 MYAKKA ROAD
SARASOTA FL 34240

Name

DEBBIE DIXON

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

16405 MYAKKA RD.

City

SARASOTA

FL

Zip Code

34240

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
SPEARS, SUSAN
5753 PALMER BLVD
SARASOTA FL 34232 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DEBBIE DIXON
DIRECTOR
16405 MYAKKA RD
SARASOTA, FL 34240 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
JUDITH BALL
1859 LINCOLN DR
SARASOTA, FL 00000 34236 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPD
DAVE BABER
6481 KAHANA WAY
SARASOTA FL 34241 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
CROWLEY, LOIS
162 S. POLK
ARCADIA FL ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

FILED
Feb 02, 2000 8:00 am
Secretary of State

02-02-2000 90118 042 ****70.00

80012259



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)