2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 730041

Entity Name: CROWLEY MUSEUM & NATURE CENTER, INC.

FILED May 23, 2002 8:00 AM Secretary of State

Current Principal Place of Business: New Principal Place of Business: 16405 MYAKKA ROAD SARASOTA, FL 34240 **Current Mailing Address: New Mailing Address:** 16405 MYAKKA ROAD SARASOTA, FL 34240 FEI Number: 23-7374527 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BALL, JUDITH DIXON, DEBBIE J 1724 IRVING ST 16405 MYAKKA RD SARASOTA, FL 34236 SARASOTA, FL 34240 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: DEBBIE DIXON 05/23/2002 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition SPRINGUEL, MYRIAM Name: Name: 2469 NOVUS ST Address: Address: City-St-Zip: SARASOTA, FL 34237 City-St-Zip: Title: TD Title: TD (X) Change () Addition () Delete BALL, JUDITH Name: FRANGIE, RAMSEY Name: Address: 1724 IRVING ST Address: 3521 ALMERIA AVE City-St-Zip: SARASOTA, FL 34236 City-St-Zip: SARASOTA, FL 34239 Title: VPD () Delete Title: VPD (X) Change () Addition DAVE BABER, HULTMAN, JEFF Name: Name: 6481 KAHANA WAY 10771 LANNOM LN Address: Address: City-St-Zip: SARASOTA, FL 34241 City-St-Zip: SARASOTA, FL 34240 Title: () Delete Title: () Change () Addition Name: DIXON, DEBBIE Name: 16405 MYAKKA RD Address: Address: City-St-Zip: SARASOTA, FL 34240 City-St-Zip: Title: () Delete Title: SD (X) Change () Addition JUHASE, CHRISTIE CROWLEY, WILLIAM DEAN Name: Name: 3252 VINDY PL 16271 RAWLS RD Address: Address: City-St-Zip: SARASOTA, FL 34239 City-St-Zip: SARASOTA, FL 34240 Title: () Delete Title: () Change (X) Addition KIRSCHNER, JANE Name: Name: Address: Address: 1632 LOMA LINDA ST SARASOTA, FL 34239 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEBBIE DIXON D 05/23/2002