

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2002 8:00 am
Secretary of State

02-06-2002 90045 025 ****61.25

DOCUMENT # 733115

1. Entity Name

HENRY B. PLANT MUSEUM SOCIETY, INC.

Principal Place of Business

Mailing Address

**401 W. KENNEDY BLVD.
 TAMPA FL 33606**

**401 W. KENNEDY BLVD.
 TAMPA FL 33606**

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

51-0189635

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

**HERMAN, PENELOPE
 5210 INTERBAY BLVD #7
 TAMPA FL 33611**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	HERMAN, PENELOPE	
STREET ADDRESS	5210 INTERBAY BLVD #7	
CITY-ST-ZIP	TAMPA FL 33611	
TITLE	VD	<input type="checkbox"/> Delete
NAME	O'MALLORY, MARGARET	
STREET ADDRESS	5010 BAYSHORE BLVD #4	
CITY-ST-ZIP	TAMPA FL 33611	
TITLE	VD	<input type="checkbox"/> Delete
NAME	CLARKE, RAPHAEL M	
STREET ADDRESS	6212 J BAYSHORE BLVD	
CITY-ST-ZIP	TAMPA FL 33611	
TITLE	T	<input type="checkbox"/> Delete
NAME	AYALA, PATRICIA P	
STREET ADDRESS	4907 PILGRIME PATHWAY	
CITY-ST-ZIP	TAMPA FL 33611	
TITLE	TD	<input type="checkbox"/> Delete
NAME	PRESTON, MARIE	
STREET ADDRESS	1818 RICHARDSON PLACE	
CITY-ST-ZIP	TAMPA FL 33606	
TITLE	D	<input type="checkbox"/> Delete
NAME	CLARKE, BECKY	
STREET ADDRESS	46 BAHAMA CIRCLE	
CITY-ST-ZIP	TAMPA FL 33606	

TITLE	<input 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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: SIGNATURE REQUIRED *[Signature]* 1/20/02 813 8324706

CR2E037 (9/01)