

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 741214

1. Entity Name

PATRONS OF THE MUSEUM OF SCIENCE, INC.

FILED
Mar 14, 2002 8:00 am
Secretary of State

03-14-2002 90070 005 ****61.25

Principal Place of Business

6808 SW 81 STR
MIAMI FL 33143
US

Mailing Address

6808 SW 81 STR
MIAMI FL 33143
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 59-1802789

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BRENNER, CORA L
18499 SW 79 CT
MIAMI FL 33157

7. Name and Address of New Registered Agent

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

TITLE PD
NAME THRASHER, CONCETTA D
STREET ADDRESS 3431 BAY RIDGE WAY
CITY-ST-ZIP PORT CHARLOTTE FL 33953 ☐ Delete

TITLE VP
NAME INMAN, DOLORES
STREET ADDRESS 2680 PALMER BLVD
CITY-ST-ZIP WESTIN FL 33332 ☐ Delete

TITLE SD
NAME COOPER, JOANN
STREET ADDRESS 2535 SE 7 PLACE
CITY-ST-ZIP HOMESTEAD FL 33033 ☐ Delete

TITLE S
NAME WILKINS, KAREN
STREET ADDRESS 13845 DEERING BAY DRIVE NO 124
CITY-ST-ZIP CORAL GABLES FL 33158 ☐ Delete

TITLE TD
NAME TROTTER, MARITA
STREET ADDRESS 3503 CRYSTAL VIEW CT
CITY-ST-ZIP COCONUT GROVE FL 33133 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Change ☐ Addition
NAME Rita Baker
STREET ADDRESS 7007 SW 148 Terr.
CITY-ST-ZIP Miami, FL 33158

TITLE VP ☒ Change ☐ Addition
NAME Anne Cruxent
STREET ADDRESS 5530 LeJeune Road
CITY-ST-ZIP Coral Gables, FL 33146

TITLE SD ☒ Change ☐ Addition
NAME Marita Trotter
STREET ADDRESS 3503 Crystal View Court
CITY-ST-ZIP Coconut Grove, FL 33133

TITLE S ☒ Change ☐ Addition
NAME Merle McCormick
STREET ADDRESS 900 San Pedro Avenue
CITY-ST-ZIP Coral Gables, FL 33156

TITLE TD ☒ Change ☐ Addition
NAME Cora Lee Brenner
STREET ADDRESS 18499 SW 79 Court
CITY-ST-ZIP Miami, FL 33157

TITLE ☐ Change ☐ 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:

Cora Lee Brenner March 4, 2002 (305) 255-0567
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)