# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Jul 16, 2001 8:00 am**
**Secretary of State**
07-16-2001 90002 013 ****61.25

0051985

DOCUMENT # 746729

1. Entity Name

THE CHILDREN'S MUSEUM, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 498 CRAWFORD BLVD.<br>BOCA RATON FL 33432 | 498 CRAWFORD BLVD.<br>BOCA RATON FL 33432 |

AU77737

DO NOT WRITE IN THIS SPACE

| 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 59-6652019 ☐ 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 |
|---|---|
| OSBORNE, R. BRADY, JR.<br>% OSBORNE, HANKINS, MACLAREN & REDGRAVE<br>998 S. FEDERAL HIGHWAY<br>BOCA RATON FL 33432 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>NEWMAN, TOM<br>7601 N FEDERAL HWY<br>BOCA RATON FL 33487 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD Blair Anderson<br>413 Buttonwood Pl<br>Boca Raton, FL 33431 | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>ROSS, SISTER ELIZABE<br>125 HIDDEN VALLEY RD 11<br>BOCA RATON FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>Sandy Wesley<br>961 W Royal Palm Rd.<br>Boca Raton, FL 33486 | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>ANDERSON, BLAIR<br>413 BUTTONWOOD PL<br>BOCA RATON FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>Bill Sullivan<br>600 Elm Tree Lane<br>Boca Raton, FL 33432 | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ED<br>MERCIER, POPPI<br>30 SW 5TH AVENUE<br>BOCA RATON 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 |

CR2E037 (10/00)

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 Poppi Mercier 7/1/01 561-368-6875