

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State
 05-28-2002 91610 019 ****70.00

DOCUMENT # 746729

1. Entity Name

THE CHILDREN'S MUSEUM, INC.

Principal Place of Business

Mailing Address

**498 CRAWFORD BLVD.
 BOCA RATON FL 33432**

**498 CRAWFORD BLVD.
 BOCA RATON FL 33432**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-6652019

Applied For

Not Applicable

Zip

Country

Zip

Country

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.
 % OSBORNE, HANKINS, MACLAREN & REDGRAVE
 998 S. FEDERAL HIGHWAY
 BOCA RATON FL 33432**

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 ☐ Delete
 NAME **PD ANDERSON, BLAIR**
 STREET ADDRESS **413 BUTTONWOOD PLACE**
 CITY-ST-ZIP **BOCA RATON FL 33431**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **SD ROSS, SISTER ELIZABE**
 STREET ADDRESS **961 W. ROYAL PALM RD**
 CITY-ST-ZIP **BOCA RATON FL 33486**

TITLE ☒ Change ☐ Addition
 NAME **Debbie Campbell**
 STREET ADDRESS **1801 N Military Trail**
 CITY-ST-ZIP **Boca Raton, FL 33431**

TITLE ☐ Delete
 NAME **TD ANDERSON, BLAIR**
 STREET ADDRESS **600 ELM TREE LANE**
 CITY-ST-ZIP **BOCA RATON FL 33432**

TITLE ☒ Change ☐ Addition
 NAME **Tom Neuman**
 STREET ADDRESS **2800 Palm wood Terr #122**
 CITY-ST-ZIP **Boca Raton, FL**

TITLE ☐ Delete
 NAME **ED MERCIER, POPPI**
 STREET ADDRESS **30 SW 5TH AVENUE**
 CITY-ST-ZIP **BOCA RATON FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02 **561-368-6875**

Date

Daytime Phone #

CR2E037 (9/01)