

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90177 001 *****61.25
05-02-2003 90177 002 *****8.75

DOCUMENT # 746729

1. Entity Name

THE CHILDREN'S MUSEUM, INC.



Principal Place of Business

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

Mailing Address

**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

Zip

Country

Zip

Country

4. FEI Number **59-6652019**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

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

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

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

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE **Secretary** ☒ Change ☐ Addition
NAME **Christine Schiedel**
STREET ADDRESS **581 SW 15th Street**
CITY-ST-ZIP **Boca Raton, FL 33432**

TITLE **Tom Neuman** ☒ Change ☐ Addition
NAME
STREET ADDRESS **2800 Palmwood Terrace #122**
CITY-ST-ZIP **Boca Raton, FL 33431**

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

TITLE ☐ Change ☐ Addition
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 REQUIRED**

4/30/03 561-368-6875

CR2E037 (10/02)