

2002 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 25, 2002 8:00 am**
Secretary of State

02-25-2002 90024 047 ****61.25

DOCUMENT # N00000007373

1. Entity Name

INDIAN RIVER COUNTY CHILDREN'S MUSEUM, INC.

Principal Place of Business

Mailing Address

**3111 CARDINAL DR
VERO BEACH FL 32963****PO BOX 3022
VERO BEACH FL 32964**

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

65-1070397

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

**CANDLER, RICHARD B
3111 CARDINAL DR
VERO BEACH FL 32963**

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 \$61.259. 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 **C** ☐ Delete
NAME **REED, NANCY B**
STREET ADDRESS **501 MARBRISA DRIVE**
CITY-ST-ZIP **VERO BEACH FL 32963**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **VD** ☐ Delete
NAME **MACHT, KENNETH R**
STREET ADDRESS **3240 16TH STREET**
CITY-ST-ZIP **VERO BEACH FL 32960**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **T** ☐ Delete
NAME **JONES, PETER W**
STREET ADDRESS **2125 WINDWARD WAY, SUITE 205**
CITY-ST-ZIP **VERO BEACH FL 32963**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **S** ☐ Delete
NAME **HURLEY, ELISE**
STREET ADDRESS **616 EUGENIA ROAD**
CITY-ST-ZIP **VERO BEACH FL 32963**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☒ Delete
NAME **MCCARTHY, DR. THOMAS K**
STREET ADDRESS **1895 ST EDWARD'S DRIVE**
CITY-ST-ZIP **VERO BEACH FL 32963**TITLE ☒ Change ☐ Addition
NAME **Greene, Dr. Michael**
STREET ADDRESS **1095 St. Edwards Drive**
CITY-ST-ZIP **VERO BEACH, FL 32963**TITLE **D** ☐ Delete
NAME **WIJETILLEKE, DR. ASOKA**
STREET ADDRESS **266 RIVERWAY DRIVE**
CITY-ST-ZIP **VERO BEACH FL 32963**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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**NANCY B. REED**

Date

1/28/2002

Daytime Phone #

861-231-0585

CR2E037 (9/01)