2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 AM
Secretary of State

DOCUMENT# N01000000635

Entity Name: FORT LAUDERDALE MARITIME MUSEUM, INC.

Current Principal Place of Business:

1120 SOUTH FEDERAL HWY., STE. 4
FT. LAUDERDALE, FL 33316

New Principal Place of Business:

2499 NASSAU LANE
FT. LAUDERDALE, FL 33312

Current Mailing Address:

1120 SOUTH FEDERAL HWY., STE. 4
FT. LAUDERDALE, FL 33316

New Mailing Address:

2499 NASSAU LANE
FT. LAUDERDALE, FL 33312

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PETERSON, HAMPTON C ESQ
1120 SOUTH FEDERAL HWY., STE. 4
FT. LAUDERDALE, FL 33316

Name and Address of New Registered Agent:

LEVIN, NORMAN S ESQ
1120 SOUTH FEDERAL HWY., STE. 2
FT. LAUDERDALE, FL 33316

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: NORMAN S. LEVIN 04/29/2002
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: COX, ROBERT O
Address: 1900 S.E. 15TH ST.
City-St-Zip: FT. LAUDERDALE, FL 33316

Title: D ( ) Delete
Name: CRIKELAIR, GEORGE
Address: 2500 S.E. 21ST ST. 4
City-St-Zip: FT. LAUDERDALE, FL 33316

Title: D ( ) Delete
Name: COUNTS, GEORGE
Address: 2499 NASSAU LANE
City-St-Zip: FT. LAUDERDALE, FL 33312

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT O. COX D 04/29/2002
Electronic Signature of Signing Officer or Director — Date