

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 30, 2002 8:00 am**  
**Secretary of State**

05-28-2002 90722 039 \*\*\*\*61.25

**DOCUMENT # NO1000003531**

1. Entity Name

**MIAMI MARITIME AND WATER MUSEUM, INC.**

Principal Place of Business

Mailing Address

PO BOX 1050  
 COCONUT GROVE FL 33133

PO BOX 1050  
 COCONUT GROVE FL 33133

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

65-1112112

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

**GIBBS, W. TUCKER**  
**3835 UTOPIA CT.**  
**COCONUT GROVE FL 33132**

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

**After September 13, 2002,**  
**min. will be \$236.25.**

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	D FLANDERS, BOB 720 PALM BAY LN., UNIT 5-N MIAMI FL 33138 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FERREIRO, CARMEN 20515 SW 117 COURT MIAMI FL 33177 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REOCH, STEVE 1778 BAYSHORE LN. MIAMI FL 33138 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **SIG REQUIRED**

7/25/02 305-26-8682

39983



DO NOT WRITE IN THIS SPACE

CR2E037 (4/02)

39983  
# No 100003531

DEPARTMENT OF STATE  
FOR DEPOSIT ONLY  
ACCT.# 1009068796

**MAY 17 2002**

2358- 9-6 1-5-5

FILED 030  
05/29/02

665 HELIX

MAY 24 '02

95282942

CHI

~~SECRET~~

## THE 15TH

*(Musical notation)*

BANK OF AMERICA, NA JAX  
0663000474 E6215 9A P 12  
05/24/02

**THE**  
**SCHOOL**  
**OF**  
**MUSIC**  
**AND**  
**DANCE**

1:063106569:0510020396745

"000006125"

# 2002 UNIFORM BUSINESS REPORT

**1 SECURITY FEATURES INCLUDED. DETAILS ON BACK. 11**

Caroline McCloud  
AUTHORIZED SIGNATURE

**PAY  
TO THE  
ORDER  
OF**

DEPARTMENT OF STATE  
P.O. BOX 1500  
TALLAHASSEE, FL 32302

SIXTY ONE DOLLARS AND TWENTY FIVE CENTS

04/25/2002

**\$61.25**

DATE \_\_\_\_\_

## AMOUNT

**FIRST PRESBYTERIAN PRESCHOOL  
OF BRANDON**  
121 CARRIER STREET  
BRANDON, FL 33510  
(813) 688-4697

**QUINTALIST BANK  
BRANDON, FL 33611**

05-0524631

860495

373

Attachment

39983

# NO 1000001281

First Presbyterian Preschool of Brandon, Inc.  
121 Carver Avenue  
Brandon, FL 33510  
813-689-0947

July 25, 2002

Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Re: 2002 Uniform Business Report

Dear Sir or Madam:

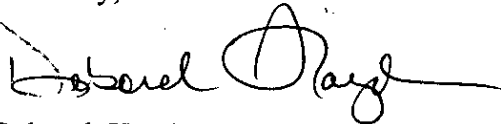
I recently received a second 2002 Uniform Business Report, along with an advisement that our corporation would be dissolved in 60 days if we did not return the Report and corresponding fee. I am writing to report that we filed our 2002 Uniform Business Report in a timely manner already.

We signed and returned our 2002 Uniform Business Report on approximately April 14, 2002. Our check #373 was included, in the amount of \$61.25. I have included a copy of the original Report and the cancelled check.

I noticed that the Federal ID number was not listed on my copy, and perhaps that is the cause of the confusion. I have written in the Federal ID number on the enclosed copy. I trust this information will meet your needs, and assure our good standing with the State of Florida.

I appreciate your assistance in clearing up this matter. Please call me if you have any further questions regarding our corporation.

Sincerely,



Deborah Hayden,  
Accountant

Enclosures: 2