

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2000 8:00 am
Secretary of State
 02-03-2000 90030 041 ****61.25

DOCUMENT # N06888

1. Entity Name

FLORIDA AGRICULTURAL MUSEUM, INC.

Principal Place of Business

Mailing Address

**1850 PRINCESS PLACE ROAD
 PALM COAST FL 32137
 US**

**1850 PRINCESS PLACE ROAD
 PALM COAST FL 32137-5110
 US**

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

59-2659573

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

**PIATEK, BRUCE
 1850 PRINCESS PLACE ROAD
 PALM COAST FL 32137**

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 **TC LAURIAULT, ROBERT**
 STREET ADDRESS **128 MASON ROAD**
 CITY-ST-ZIP **MELROSE FL 32666**

TITLE ☒ Change ☐ Addition
 NAME **TC TOM TORRENCE**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **TVC CARSON, LOUIS**
 STREET ADDRESS **P.O. BOX 1242**
 CITY-ST-ZIP **OKEECHOBEE FL 34973-1242**

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

TITLE ☒ Delete
 NAME **TS BENENTT, MARY**
 STREET ADDRESS **945 MARIE CIRCLE**
 CITY-ST-ZIP **ORMOND BEACH FL 32176**

TITLE ☐ Change ☐ Addition
 NAME **S BREND A BOYD**
 STREET ADDRESS **7259 COUNTY ROAD 204**
 CITY-ST-ZIP **BUNNELL, FL 32110**

TITLE ☒ Delete
 NAME **T REVELS, BARBARA**
 STREET ADDRESS **P.O. BOX 434 (N/A)**
 CITY-ST-ZIP **FLGLER BEACH FL 32136**

TITLE ☐ Change ☒ Addition
 NAME **T JOYCE HAYNES**
 STREET ADDRESS **7 COVENTRY PLACE**
 CITY-ST-ZIP **PALM COAST, FL 32137**

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:

NOT REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

904-446-1316

CR2E037 (9/99)