

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 05, 2000 8:00 am**  
**Secretary of State**

06-05-2000 90022 012 \*\*\*\*61.25

**DOCUMENT # N37218**

1. Entity Name

**ODYSSEY SCIENCE CENTER / MUSEUM OF ART / TALLAHASSEE**

Principal Place of Business

Mailing Address

**350 S DUVAL STREET  
 TALLAHASSEE FL 32301  
 US**

**PO BOX 149  
 TALLAHASSEE FL 32301-1711  
 US**

2. Principal Place of Business

3. Mailing Address

**350 S DUVAL ST.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**TALLAHASSEE FL**

4. FEI Number

**59-3013279**

Applied For

Not Applicable

Zip

Country

**32301**

Country

**US**

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WEISS, ROBERT A.  
 118 N. GADSDEN STREET  
 TALLAHASSEE FL 32301**

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

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TITLE: PTR NAME: CUSICK, MICHAEL D STREET ADDRESS: 864 EAST PARK AVENUE CITY-ST-ZIP: TALLAHASSEE FL 32301 <input checked="" type="checkbox"/> Delete	TITLE: PTR NAME: LANGFORD, ELIZABETH STREET ADDRESS: 5002 BRILL POINT CITY-ST-ZIP: TALLAHASSEE FL 32312 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VTR NAME: LANGFORD, BETH STREET ADDRESS: 5002 BRILL POINT CITY-ST-ZIP: TALLAHASSEE FL 32312 <input checked="" type="checkbox"/> Delete	TITLE: VTR NAME: STEVE ELENIA STREET ADDRESS: 652 FOREST LAIR CITY-ST-ZIP: TALLAHASSEE FL 32312 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: STR NAME: KLENA, CHRIS STREET ADDRESS: PO BOX 2214 CITY-ST-ZIP: TALLAHASSEE FL <input checked="" type="checkbox"/> Delete	TITLE: STR NAME: SUSAN CLARK STREET ADDRESS: 2540 SHUMARD OAK BLVD CITY-ST-ZIP: TALLAHASSEE FL 32319 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: TTR NAME: POPE, RANDY STREET ADDRESS: P.O. BOX 1549 CITY-ST-ZIP: TALLAHASSEE FL 32302 <input type="checkbox"/> Delete	TITLE: EDR NAME: RENA MINAR STREET ADDRESS: 205 N. RHODES CITY-ST-ZIP: MONTICELLO FL 32344 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank] <input type="checkbox"/> Delete	TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank] <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 I am empowered.

SIGNATURE:

**Signature Required**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)