

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N38953

1. Entity Name

EXPLORATIONS V CHILDREN'S MUSEUM, INC.

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

05-24-2000 90074 041 \*\*\*\*61.25

Principal Place of Business

Mailing Address

125 S. KENTUCKY AVE.  
LAKELAND FL 33801  
US

125 S. KENTUCKY AVE.  
LAKELAND FL 33801-5001  
US

2. Principal Place of Business

3. Mailing Address

109 N. KENTUCKY AVE.  
Suite, Apt. #, etc.  
LAKELAND, FL

109 NORTH KENTUCKY AVE.  
Suite, Apt. #, etc.

City & State

City & State

Zip 33801

Country US

Zip SAME

Country

4. FEI Number

59-2994883

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


Name

Street Address (P.O. Box Number is Not Acceptable)

109 NORTH KENTUCKY AVENUE  
City FL Zip Code

GLOVER, TERISA  
125 S KENTUCKY AVE  
LAKELAND FL 33801

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 

TERISA GLOVER

5/1/00  
DATE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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 PD  
NAME HENNESSEY, KEVIN  
STREET ADDRESS 500 S FLORIDA AVENUE  
CITY-ST-ZIP LAKELAND FL 33801 ☐ Delete

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

TITLE SD  
NAME MEDINA, DAN  
STREET ADDRESS 4921 SOUTH FORK DR  
CITY-ST-ZIP LAKELAND FL 33801 ☐ Delete

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

TITLE TD  
NAME MOSELEY, STEVE  
STREET ADDRESS 5925 IMPERIAL PKWY STE 200  
CITY-ST-ZIP MULBERRY FL 33860 ☐ Delete

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

TITLE MD  
NAME GLOVER, TERISA  
STREET ADDRESS 125 S KENTUCKY AVENUE  
CITY-ST-ZIP LAKELAND FL 33801 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

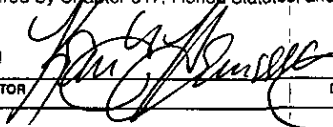
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

 6/20/2000  
Date Daytime Phone #

CR2037 (9/99)