

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N38953

1. Entity Name

EXPLORATIONS V CHILDREN'S MUSEUM, INC.

**FILED**  
Mar 29, 2002 8:00 am  
Secretary of State

03-29-2002 90195 041 \*\*\*\*61.25

0044273

Principal Place of Business Mailing Address  
109 N KENTUCKY AVE 109 N KENTUCKY AVE  
LAKELAND FL 33801 LAKELAND FL 33801  
US US

2. Principal Place of Business 3. Mailing Address  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
City & State City & State  
Zip Country Zip Country



DO NOT WRITE IN THIS SPACE

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

GLOVER, TERISA change  
109 N KENTUCKY AVENUE  
LAKELAND FL 33801

Name Georgann Carlton  
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 Georgann Carlton, CEO

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

*Georgann Carlton*

1/15/02

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	PD	<input type="checkbox"/> Delete
NAME	SALM, MARC	
STREET ADDRESS	P.O. BOX 407	
CITY-ST-ZIP	LAKELAND FL 33802	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MEDINA, DAN	
STREET ADDRESS	4921 SOUTH FORK DR	
CITY-ST-ZIP	LAKELAND FL 33801	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MOSELEY, STEVE	
STREET ADDRESS	5925 IMPERIAL PKWY STE 200	
CITY-ST-ZIP	MULBERRY FL 33860	
TITLE	MD	<input checked="" type="checkbox"/> Delete
NAME	GLOVER, TERISA	
STREET ADDRESS	109 N KENTUCKY AVENUE	
CITY-ST-ZIP	LAKELAND FL 33801-5044	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Noris, Paul	
STREET ADDRESS	P.O. Box 32036	
CITY-ST-ZIP	Lakeland, FL 33802	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Medina, Dan	
STREET ADDRESS	P.O. Box 6272	
CITY-ST-ZIP	Lakeland, FL 33807	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Moseley, Steve	
STREET ADDRESS	P.O. Box 5560	
CITY-ST-ZIP	Mulberry, FL 33807	
TITLE	MD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Carlton, Georgann	
STREET ADDRESS	109 North Kentucky Avenue	
CITY-ST-ZIP	Lakeland, FL 33801	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 an other like empowered.

SIGNATURE: *Georgann Carlton* **Georgann Carlton** 1/15/02 (863) 687-3869  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)