

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 91180 004 ****70.00

DOCUMENT # N49074

1. Entity Name

FLORIDA INTERNATIONAL MUSEUM, INC.



Principal Place of Business

**100 2ND STREET NORTH
ST PETERSBURG FL 33701**

Mailing Address

**100 2ND STREET NORTH
ST PETERSBURG FL 33701**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3139888**

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

**JOHNSTON, W. RICHARD
100 2ND STREET NORTH
ST PETERSBURG FL 33701**

Name **Kathleen C. Oathout**

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

100 2nd St N

City **St Pete.**

FL

Zip Code

33701

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

Kathleen C Oathout

4/17/03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME **Past Chair** ☒ Delete
NAME **TAPP, WILLIAM**
STREET ADDRESS **13577 FEATHER SOUND DR, STE 400**
CITY-ST-ZIP **ST PETERSBURG FL 33762**

TITLE NAME **C** ☒ Change ☒ Addition
NAME **David Punzak**
STREET ADDRESS **One Progress Plaza, Suite 2300**
CITY-ST-ZIP **St. Pete., FL 33701**

TITLE NAME **D** ☐ Delete
NAME **MITLIN, IRA**
STREET ADDRESS **25 2ND STREET NORTH**
CITY-ST-ZIP **ST PETERSBURG FL 33701**

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

TITLE NAME **S** ☐ Delete
NAME **NORMILE, MARTIN J.**
STREET ADDRESS **100 2ND AVENUE SOUTH, SUITE 200**
CITY-ST-ZIP **ST. PETERSBURG FL 33701**

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

TITLE NAME **D** ☐ Delete
NAME **SIMMS, SHARON**
STREET ADDRESS **4372 48TH AVENUE SOUTH**
CITY-ST-ZIP **ST. PETERSBURG FL 33711**

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

TITLE NAME **D** ☒ Delete
NAME **MONCRIEF, LEE E**
STREET ADDRESS **PO BOX 21587**
CITY-ST-ZIP **TAMPA FL 33622**

TITLE NAME **D** ☐ Change ☒ Addition
NAME **Russ Bond**
STREET ADDRESS **501 5th Avenue**
CITY-ST-ZIP **St. Pete., FL 33701**

TITLE NAME **T** ☐ Delete
NAME **O'HEARN, JOHN H**
STREET ADDRESS **2764 69TH AVENUE, SOUTH**
CITY-ST-ZIP **ST. PETERSBURG FL 33701**

TITLE NAME ☐ 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

John H O'Hearn

John H O'Hearn, Treasurer

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CR2E037 (10/02)