

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N92000000997

1. Entity Name

SEBASTIAN INLET MUSEUMS FOUNDATION, INC.

Principal Place of Business

13180 NORTH A-1-A
VERO BEACH FL 32963

Mailing Address

13180 NORTH A-1-A
VERO BEACH FL 32963-9400

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

59-3164754

Applied For

Not Applied

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DAVIS, KRIS H
1423 S PATRICK DR
SATELLITE BEACH FL 32937

7. Name and Address of New Registered Agent

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

TITLE P ☐ Delete
NAME RICHTER, HARRY
STREET ADDRESS 712 FISHER CIRCLE
CITY-ST-ZIP SEBASTIAN FL 32958

TITLE T ☒ Delete
NAME RADCLIFF, WILLIAM
STREET ADDRESS 13090 N A1A
CITY-ST-ZIP VERO BEACH FL 32963

TITLE S ☐ Delete
NAME MEERBOTT, ROSE MARIE
STREET ADDRESS 406 ANCHOR KEY
CITY-ST-ZIP MELBOURNE BEACH FL 32958

TITLE VP ☐ Delete
NAME BENDER, SHELDON
STREET ADDRESS 295 HERON DRIVE
CITY-ST-ZIP MELBOURNE SHORES FL 32951

TITLE D ☐ Delete
NAME KELSO, KIP DR
STREET ADDRESS 14265 80TH AVE
CITY-ST-ZIP ROSELAND FL 32958

TITLE D ☐ Delete
NAME ARMSTRONG, DOUGLAS R
STREET ADDRESS 1618 EMMANS ROAD N.W.
CITY-ST-ZIP PALM BAY FL 32907

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE Treasurer ☐ Change ☒ Addition
NAME Frederick Marshall
STREET ADDRESS 220 Heron Drive
CITY-ST-ZIP Melbourne Beach FL, 32951

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

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

TITLE ☐ Change ☐ Addition
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:

Frederick Marshall
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/00 (407) 725-4266
Date Daytime Phone #