

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000003804

1. Entity Name

THE MUSEUM OF MAN IN THE SEA, INCORPORATED

Principal Place of Business

17314 PANAMA CITY BEACH PKWY  
PANAMA CITY BEACH FL 32413-2020  
US

Mailing Address

17314 PANAMA CITY BEACH PKWY  
PANAMA CITY BEACH FL 32413-2020  
US

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

59-3329272

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

HARDY, RONALD  
15412 FRONT BEACH ROAD  
PANAMA CITY BEACH FL 32413

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

TITLE PD  
NAME HARDY, RON  
STREET ADDRESS 6201 THOMAS DR  
CITY-ST-ZIP PANAMA CITY BEACH FL 32408 ☐ Delete

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

TITLE VD  
NAME DAVIS, BONNIE  
STREET ADDRESS 92 DOLPHIN COVE  
CITY-ST-ZIP FREEPORT FL 32439 ☐ Delete

TITLE  
NAME  
STREET ADDRESS 171 Dolphin Cove  
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE SD  
NAME CULPEPPER, ANNE  
STREET ADDRESS STAR ROUTE SF-19  
CITY-ST-ZIP VERNON FL 32462 ☐ Delete

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

TITLE TD  
NAME BRUHMULLER, WILLIAM N  
STREET ADDRESS 2159 BRIARWOOD CIR  
CITY-ST-ZIP PANAMA CITY FL 32405 ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/01

(850) 235-4101

Date

Daytime Phone #

CR2E037 (10/00)