

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

**FILED**  
**Mar 31, 2003 8:00 am**  
**Secretary of State**

03-31-2003 90123 021 \*\*\*\*61.25

**DOCUMENT # N96000002146**

1. Entity Name

**THE CHILDREN'S MUSEUM OF THE SOUTH, INC.**



Principal Place of Business

P O BOX 5951  
GAINESVILLE FL 32627  
US

Mailing Address

P O BOX 5951  
GAINESVILLE FL 32627-5951  
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 **54-3363654**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**WARD, PETER H**  
**4001 NEWBERRY RD, SUITE C-1**  
**GAINESVILLE FL 32607**

Name

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

City

**FL**

Zip Code

7. Name and Address of New Registered Agent

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

(NOTE: Registered Agent signature required when reinstating)

DATE **3/27/03**

**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 ☐ Delete  
NAME **VPD**  
STREET ADDRESS **MELZER, REGINA**  
CITY-ST-ZIP **2914 NW 33RD PLACE**  
**GAINESVILLE FL 32605**

TITLE ☐ Change ☒ Addition  
NAME **Simon Johnson**  
STREET ADDRESS **3432 NW 52 Avenue**  
CITY-ST-ZIP **Gainesville FL 32605**

TITLE ☐ Delete  
NAME **PD**  
STREET ADDRESS **BOTTCHER, SUSAN**  
CITY-ST-ZIP **3448 NW 12TH AVE**  
**GAINESVILLE FL 32605**

TITLE ☐ Change ☒ Addition  
NAME **D**  
STREET ADDRESS **Verna Johnson**  
CITY-ST-ZIP **3432 NW 52 Avenue**  
**GAINESVILLE FL 32605**

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **BRASHEAR, JUDY C**  
CITY-ST-ZIP **620 E. UNIVERSITY AVE**  
**GAINESVILLE FL 32601**

TITLE ☐ Change ☒ Addition  
NAME **D**  
STREET ADDRESS **Dick Mahaffey, Jr.**  
CITY-ST-ZIP **411 No. Main STREET**  
**Gainesville FL 32601**

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **CARLSON, JOHN V**  
CITY-ST-ZIP **4421 NW 39TH AVE**  
**GAINESVILLE FL 32606**

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

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **UNDERBERGER, MINDY**  
CITY-ST-ZIP **PO BOX 15121**  
**GAINESVILLE FL 32604**

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

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **SCOTT, JENNY**  
CITY-ST-ZIP **P.O. BOX 140764**  
**GAINESVILLE FL 32614**

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: *[Signature]*

**SIGNATURE REQUIRED**

**03/27/03**

**352-3387542**

CR2E037 (10/02)