

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000000184

1. Entity Name

THE FLORIDA WORLD MUSEUM OF NATURAL HISTORY, INC

FILED
Jun 05, 2000 8:00 am
Secretary of State

06-05-2000 90008 047 ****61.25

Principal Place of Business

Mailing Address

3446 SWEETWATER TRAIL
CLEARWATER FL 33761

3446 SWEETWATER TRAIL
CLEARWATER FL 33761-1121

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

59-3486566

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

SMIDA, LOU
3446 SWEETWATER TRAIL
CLEARWATER FL 33761

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PDC
SMIDA, LOU
3446 SWEETWATER TRAIL
CLEARWATER FL 33761 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Director
Gene Shinn
4727 Paradise Way S.
St Pete FL 33705 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VSTD
SMIDA, TRUDY
3446 SWEETWATER TRAIL
CLEARWATER FL 33761 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Director
Carol Bröckelmeier
901 East Kennedy
Tampa FL 33602 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ROGOFF, MARK
12003 NICKLAUS CIRCLE
TAMPA FL 33624 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Director
Bill Panczner
600 S. Betty Ln
Clearwater FL 33756 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BUTEUER, JACK
2831 BELLWOOD DR
BRANDON FL 33511 ☐ Delete
Jack Butcher spelling wrong

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Director
Sam Upchurch
3768 Parkway Blvd
Land O Lakes, FL 34639 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Bill Panczner ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Director
Sam Upchurch
3768 Parkway Blvd
Land O Lakes, FL 34639 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Sam Upchurch ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Director
Sam Upchurch
3768 Parkway Blvd
Land O Lakes, FL 34639 ☐ 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

Date

Daytime Phone #

4/15/00 727-712-3466

CR2E037 (9/99)