

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2001 8:00 am**  
**Secretary of State**  
 05-05-2001 91094 029 \*\*\*\*61.25

**DOCUMENT # N98000000184**

1. Entity Name

**THE FLORIDA WORLD MUSEUM OF NATURAL HISTORY, INC**

Principal Place of Business

Mailing Address

**3446 SWEETWATER TRAIL  
 CLEARWATER FL 33761**

**3446 SWEETWATER TRAIL  
 CLEARWATER FL 33761**

7 5 9 3 2 0



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3486566**

Applied For

Not Applicable

Zip

Country

Zip

Country

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  
**D SHINN, GENE**  
**4727 PARADISE WAY S**  
**SAINT PETERSBURG FL 33705**

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**D, P. Chamman**  
**Lou Smida**  
**3446 Sweetwater trail**  
**clearwater, FL 33761**  
 Change ☒ Addition ☒  
 Since 1998

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**D BRICKELMEYER, CAROL**  
**901 E KENNEDY BLVD**  
**TAMPA FL 33602**

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**D VPST**  
**Trudy Smida**  
**3446 Sweetwater trail**  
**clearwater, FL 33761**  
 Change ☒ Addition ☒  
 Since 1998

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**D PANCZNER, BILL**  
**600 S BETTY LN**  
**CLEARWATER FL 33756**

☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**D BUTCHER, JACK**  
**2831 BELLWOOD DR**  
**BRANDON FL 33511**

☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**D UPCHURACH, SAM**  
**3768 PARKWAY BLVD**  
**LAND O LAKES FL 34639**

☐ 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

Date

Daytime Phone #

**LOU SMIDA, Chairman + CEO** **4/20/01** **727-786-8460**

CR2E037 (10/00)