

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000000184

1. Entity Name

THE FLORIDA WORLD MUSEUM OF NATURAL HISTORY, INC
INCORPORATED

Principal Place of Business

3446 SWEETWATER TRAIL
CLEARWATER FL 33761

Mailing Address

3446 SWEETWATER TRAIL
CLEARWATER FL 33761

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

FILED
Jun 30, 2002 8:00 am
Secretary of State

06-30-2002 90230 007 ****61.25

00120011



DO NOT WRITE IN THIS SPACE

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

SMIDA, LOU
3446 SWEETWATER TRAIL
CLEARWATER FL 33761

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	D	SHINN, GENE	<input checked="" type="checkbox"/> Delete
NAME		4727 PARADISE WAY S	
STREET ADDRESS		SAINT PETERSBURG FL 33705	
CITY-ST-ZIP			
TITLE	D	BRICKELMEYER, CAROL	<input checked="" type="checkbox"/> Delete
NAME		901 E KENNEDY BLVD	
STREET ADDRESS		TAMPA FL 33602	
CITY-ST-ZIP			
TITLE	D	PANCZNER, BILL	<input checked="" type="checkbox"/> Delete
NAME		600 S BETTY LN	
STREET ADDRESS		CLEARWATER FL 33756	
CITY-ST-ZIP			
TITLE	D	BUTCHER, JACK	<input checked="" type="checkbox"/> Delete
NAME		2831 BELLWOOD DR	
STREET ADDRESS		BRANDON FL 33511	
CITY-ST-ZIP			
TITLE	D	UPCHURACH, SAM	<input checked="" type="checkbox"/> Delete
NAME		3768 PARKWAY BLVD	
STREET ADDRESS		LAND O LAKES FL 34639	
CITY-ST-ZIP			
TITLE	DPC	SMIDA, LOU	<input type="checkbox"/> Delete
NAME		3446 SWEETWATER TRAIL	
STREET ADDRESS		CLEARWATER FL 33761	
CITY-ST-ZIP			

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3446 Sweetwater trail	
STREET ADDRESS		Clearwater FL 33761	
CITY-ST-ZIP			
TITLE	D	Kimber Smida	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3446 Sweetwater trail	
STREET ADDRESS		Clearwater, FL 33761	
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> 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 life empowered.

SIGNATURE:

Kimber Smida
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/02

727-746-8460

CR2E037 (9/01)



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

Attachment
Document #
N9800000184

May 28, 2002

THE FLORIDA WORLD MUSEUM OF NATURAL HISTORY, INCORPORATED
3446 SWEETWATER TRAIL
CLEARWATER, FL 33761

Subject: **THE FLORIDA WORLD MUSEUM OF NATURAL HISTORY,**

Reference Number: ~~N9800000184~~

Please be advised, we have received your annual report/uniform business report; however, the report **has not been filed** and a copy is being returned for the following correction(s):

✓ Florida nonprofit corporations are required to have at least 3 directors or trustees. Please place the letter "D" or "T" beside the names and business addresses of each director or trustee.

✓ To be accepted by our bank, a check must be completed in its entirety. Both the numeric and written amounts must be completed.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/rg
ANNUAL REPORTS SECTION