

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

**FILED**  
**Sep 15, 2003 8:00 am**  
**Secretary of State**

09-15-2003 90154 007 \*\*\*\*61.25

001394

**DOCUMENT # N98000000184**

1. Entity Name

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



Principal Place of Business

**3446 SWEETWATER TRAIL  
CLEARWATER FL 33761**

Mailing Address

**3446 SWEETWATER TRAIL  
CLEARWATER FL 33761**

2. Principal Place of Business

3. Mailing Address

**8401 9th St N**

**8401 9th St N**

Suite, Apt. #, etc.

**Suite 390 B**

City & State

**St Petersburg FL 33702**

Zip

**33702**

Country

**USA**

Zip

**33702**

Country

**USA**

4. FEI Number **59-3486566**

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

**SMIDA, LOU  
3446 SWEETWATER TRAIL  
CLEARWATER FL 33761**

7. Name and Address of New Registered Agent

Name **LOU SMIDA**  
Street Address (P.O. Box Number is Not Acceptable)  
**8401 9th St N**  
**Suite 390 B**  
City **St Petersburg** FL Zip Code **33702**

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

**9/12/03**

**FILE NOW: FEE IS \$61.25  
After September 10, 2003, min will be \$236.25**

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

TITLE	<b>DST</b>	<input type="checkbox"/> Delete
NAME	<b>SIMIDA, TRUDY</b>	
STREET ADDRESS	<b>3446 SWEETWATER TRAIL</b>	
CITY-ST-ZIP	<b>CLEARWATER FL 33761</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SIMIDA, KIMBER</b>	
STREET ADDRESS	<b>3446 SWEETWATER TRAIL</b>	
CITY-ST-ZIP	<b>CLEARWATER FL 33761</b>	
TITLE	<b>DPC</b>	<input type="checkbox"/> Delete
NAME	<b>SMIDA, LOU</b>	
STREET ADDRESS	<b>3446 SWEETWATER TRAIL</b>	
CITY-ST-ZIP	<b>CLEARWATER FL 33761</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>DST</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Smida, Trudy</b>	
STREET ADDRESS	<b>8401 9th St N Suite 390 B</b>	
CITY-ST-ZIP	<b>St Petersburg FL 33702</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Smida, Kimber</b>	
STREET ADDRESS	<b>8401 9th St N. Suite 390 B</b>	
CITY-ST-ZIP	<b>St Petersburg FL 33702</b>	
TITLE	<b>DPC</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Smida, Lou</b>	
STREET ADDRESS	<b>8401 9th St N. Suite 390 B</b>	
CITY-ST-ZIP	<b>St Petersburg FL 33702</b>	
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 like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

*[Signature]*

DATE

**9/12/03**

Check # **0896**

**727-221-8700**

CR2E037 (4/03)

Attachment #  
80148194  
N980000006184  
Florida World Museum  
of Natural History, Incorporated  
8401 9<sup>th</sup> St. N, Suite 390 B  
St. Petersburg, Florida, 33702  
727-227-8700

September 12, 2003

Uniform-Business Report  
Division of Corporations,  
P.O. Box 1500  
Tallahassee, Florida 32302-1500

Dear Sirs,

Attached is the UBC for this year. Please accept our check for the amount requested.

It is a few days late because the post office did not put the correct address on it's forwarding message (see attached envelope) and it was delivered to another party who just gave it to us. The UBC was just given to me yesterday. The museum address changed last November and we have received no other notifications.

Sincerely,



Lou Smida  
President