

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N98000004702**

1. Entity Name

**U.S.S. FORRESTAL SEA, AIR, SPACE MUSEUM, INC.****FILED**  
**Mar 06, 2000 8:00 am**  
**Secretary of State**

03-06-2000 90047 044 \*\*\*\*61.25

Principal Place of Business

**3439 W. HILLSBOROUGH AVE.  
2ND FLOOR  
TAMPA FL 33624**

Mailing Address

**PO BOX 272289  
TAMPA FL 33684-5824**

2. Principal Place of Business

3. Mailing Address **PO Box 15824**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City & State **Tampa, FL**

4. FEI Number

**59-3527952**

Applied For

Not Applicable

Zip

Country

Zip **33684**

Country

**U.S.**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

**PREVATT, KAREN J  
201 N FRANKLIN ST, SUITE 2505  
TAMPA FL 33602**

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

**John Kercher, Chairman**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**2/29/00****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	<b>D CHAIRMAN</b>	<input type="checkbox"/> Delete
NAME	<b>KERCHER, JOHN</b>	
STREET ADDRESS	<b>5142 SAN JOSE ST.</b>	
CITY-ST-ZIP	<b>TAMPA FL 33629</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>D VICE CHAIRMAN</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>KARL, FRED</b>	
STREET ADDRESS	<b>201 N. FRANKLIN ST.</b>	
CITY-ST-ZIP	<b>TAMPA FL 33602</b>	

TITLE	<b>D VICE CHAIRMAN</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JOHN PIENO</b>	
STREET ADDRESS	<b>ROOM 313 THE CARLTON BLDG</b>	
CITY-ST-ZIP	<b>PO BOX 13907</b>	
	<b>TALLAHASSEE, FL 32317-3907</b>	

TITLE	<b>D Secretary</b>	<input type="checkbox"/> Delete
NAME	<b>CAVALIER, RONALD</b>	
STREET ADDRESS	<b>4003 CEDAR CAY CIRCLE</b>	
CITY-ST-ZIP	<b>VALRICO FL 23594</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>T Treasurer</b>	<input type="checkbox"/> Delete
NAME	<b>AIDMAN, TERRY</b>	
STREET ADDRESS	<b>401 E. JACKSON ST. STE 3400</b>	
CITY-ST-ZIP	<b>TAMPA FL 33602</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>DANNY MARTINEZ</b>	
STREET ADDRESS	<b>1906 ST ISABEL</b>	
CITY-ST-ZIP	<b>TAMPA, FL 33607-6522</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>JIM URBANSKI</b>	
STREET ADDRESS	<b>2915 HAWTHORN ROAD</b>	
CITY-ST-ZIP	<b>TAMPA, FL 33611</b>	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**2/29/00 83-878-2859**

CR2E037 (9/99)