

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90265 041 ****70.00

DOCUMENT # 702039

1. Entity Name

MUSEUM OF FINE ARTS OF ST PETERSBURG, FLORIDA, I

Principal Place of Business

255 BEACH DR NE
 SAINT PETERSBURG FL 33701-0498

Mailing Address

255 BEACH DR NE
 SAINT PETERSBURG FL 33701-0498

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-0949278

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GORDON, SEYMOUR
699 1ST AVE NORTH
ST PETERSBURG FL 33713

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 PD Delete
 NAME UPHAM, CAROL
 STREET ADDRESS 7000 BAY STREET
 CITY-ST-ZIP ST PETERSBURG FL

TITLE SD Delete
 NAME SHERMAN, CLEMENTINE J.
 STREET ADDRESS 255 BEACH DR NE
 CITY-ST-ZIP ST PETERSBURG FL

TITLE TD Delete
 NAME SAVAGE, NEIL
 STREET ADDRESS 255 BEACH DR. NE.
 CITY-ST-ZIP ST. PETERSBURG FL

TITLE VD Delete
 NAME GORDON, SEYMOUR
 STREET ADDRESS 699 1ST AVE N.
 CITY-ST-ZIP ST. PETERSBURG FL

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE SD Change Addition
 NAME WEIHE, STARR C.
 STREET ADDRESS 255 BEACH DR NE
 CITY-ST-ZIP ST PETERSBURG FL

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change 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: *Carol Upham* **REQUIRE CAROL UPHAM, PRES. 4-30-01 (727) 896-2667**

CR2E037 (10/00)