

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90013 026 ****61.25

DOCUMENT # 702233

1. Entity Name

THE HENRY MORRISON FLAGLER MUSEUM

Principal Place of Business

Mailing Address

ONE WHITEHALL WAY
 P.O. BOX 969
 PALM BEACH FL 33480

ONE WHITEHALL WAY
 P.O. BOX 969
 PALM BEACH FL 33480

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

13-0873838

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MATTHEWS, GEORGE G.
1925 N FLAGLER DR
WEST PALM BEACH FL 33407

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	<input type="checkbox"/> Delete
PD	MATTHEWS, GEORGE G.	1925 NORTH FLAGLER DR.	PALM BEACH FL	<input type="checkbox"/>
VD	HANKE, G. F. ROBERT	875 5TH AVENUE	NEW YORK NY	<input type="checkbox"/>
T	MATTHEWS, WILLIAM M.	380 N. LAKE WAY	PALM BCH. FL	<input type="checkbox"/>
TS	NEWMAN, JESSE	251 S COUNTRY RD	PALM BEACH FL 33480	<input type="checkbox"/>
D	ROGERS, JOHN B.	MAIN RD	ILSLESBORO ME 04848	<input type="checkbox"/>
T	KENAN, OWEN	1011 PINEHURST DR	CHAPEL HILL NC 27514	<input type="checkbox"/>

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

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: *George Matthews* **REQUIRED** **GEORGE MATTHEWS** 1/29/01 655-2833 (561)

CR2E037 (9/01)