2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 740244

1. Entity Name

THE JACKSONVILLE MUSEUM OF MODERN ART, INC.

FILED
Jan 20, 2000 8:00 am
Secretary of State
01-20-2000 90119 016 ****61.25

Principal Place of Business	Mailing Address
~~4160 BOULEVARD CENTER DRIVE~~ ~~JACKSONVILLE FL 32207~~	~~4160 BOULEVARD CENTER DRIVE~~ ~~JACKSONVILLE FL 32207-2805~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
701 FISK ST.	P.O. Box 40248
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Jacksonville FL	City & State: Jacksonville FL
Zip: 32204 Country: USA	Zip: 32203 Country: USA

4. FEI Number: 59-0689705 ☐ Applied For ☐ Not Applicable

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
ROBERT, HENRY FLOOD JR 4160 BLVD CENTER DR JACKSONVILLE FL 32207	Name: Jane C. Craven Street Address (P.O. Box Number is Not Acceptable): 701 FISK ST. City: Jacksonville FL Zip Code: 32204

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: Jane C. Craven — 1/7/00 DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	CTR SWEENEY, JOANNE 309 SAN JUAN DR PONTE VEDRA BCH FL 32082	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Jane C. Craven 701 Fisk St. Jacksonville FL 32204	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T HART, WILLIAM M 2665 SOUTH RIVERPORT DRIVE JACKSONVILLE FL 32223	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TR MILAM, ARTHUR P O BOX 446 N/A PONTE VEDRA BEACH FL 32207	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STR BOULOS, ZIMMERMAN E 1524 SAN MARCO BLVD. JACKSONVILLE FL 32207	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TR BOWER, PETER P.O. BOX 1918 N/A JACKSONVILLE FL 32201	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROBERT, HENRY F JR. 4160 BOULEVARD CENTER DRIVE JACKSONVILLE FL 32207	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/99)

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 — 1/7/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #