

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

FILED
Feb 13, 2003 8:00 am
Secretary of State

02-13-2003 90219 010 ****61.25

DOCUMENT # 740244

1. Entity Name

THE JACKSONVILLE MUSEUM OF MODERN ART, INC.



Principal Place of Business

701 FISK ST. Riverside Park Pl, #120
JACKSONVILLE FL 32204
US

Mailing Address

P.O. BOX 40248
JACKSONVILLE FL 32203
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

CRAVEN, JANE C
701 FISK ST. SUITE 120
JACKSONVILLE FL 32204

*Address correction
(No change in Agent)*

Name

Street Address (P.O. Box Number is Not Acceptable)

701 Riverside Park Place, #120
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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Delete
NAME **CRAVEN, JANE C**
STREET ADDRESS **701 FISK ST.**
CITY-ST-ZIP **JACKSONVILLE FL 32204**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **CD** ☐ Delete
NAME **MILAM, ARTHUR**
STREET ADDRESS **P O BOX 446 N/A**
CITY-ST-ZIP **PONTE VEDRA BEACH FL 32207**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TD** ☐ Delete
NAME **BOWER, PETER**
STREET ADDRESS **P.O. BOX 1918 N/A**
CITY-ST-ZIP **JACKSONVILLE FL 32201**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** ☐ Delete
NAME **CAMPBELL, JOZETTE**
STREET ADDRESS **30 20TH ST.**
CITY-ST-ZIP **ATLANTIC BEACH FL 32233**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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 another like empowered.

SIGNATURE:

SIGNATURE REQUIRED Jane Craven

2/11/03

904-366-6911

CR2E037 (10/02)