# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Jan 20, 2000 8:00 am**
**Secretary of State**
01-20-2000 90117 040 ****61.25

DOCUMENT # 761924

1. Entity Name

THE DEETTE HOLDEN CUMMER MUSEUM FOUNDATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 829 RIVERSIDE AVENUE<br>JACKSONVILLE FL 32204 | 829 RIVERSIDE AVENUE<br>JACKSONVILLE FL 32204-3336 |

DO NOT WRITE IN THIS SPACE

| 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 59-2191587 ☐ 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 |
|---|---|
| ARBITMAN, KAHREN J<br>829 RIVERSIDE AVENUE<br>JACKSONVILLE FL 32204 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 X Kahren J. Arbitman 1-6-00
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 | CT<br>HASKELL, PRESTON H<br>4971 MORVEN RD<br>JACKSONVILLE FL 32210 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>LASTINGER, ALLEN MR.<br>1145 CAMPBELL AVENUE<br>JACKSONVILLE FL 32207 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VT<br>VICKERS, SAMUEL H<br>7036 SAN FERNANDO PL<br>JACKSONVILLE FL 32217 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>ARBITMAN, KAHREN J<br>505 LANCASTER STREET #10A<br>JACKSONVILLE FL 32204 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ST<br>STEIN, JOAN W<br>121 W FORSYTH ST STE 200<br>JACKSONVILLE FL 32202 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ST<br>Hicks, Ann C.<br>4705 Ortega Blvd.<br>Jacksonville, Fl. 32210<br>☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ 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:** X Kahren J. Arbitman 1/6/00 (904) 356-6857
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #