2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2001 08:00 AM
Secretary of State

DOCUMENT # 761924

1. Entity Name
THE DEETTE HOLDEN CUMMER MUSEUM FOUNDATION, INC.

Principal Place of Business	Mailing Address
829 RIVERSIDE AVENUE	829 RIVERSIDE AVENUE
JACKSONVILLE FL 32204	JACKSONVILLE FL 32204

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

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

ARBITMAN KAHREN J
829 RIVERSIDE AVENUE
JACKSONVILLE FL
32204

7. Name and Address of New Registered Agent

Name
VAN DE GUCHTE MAARTEN M
Street Address (P.O. Box Number is Not Acceptable)
829 RIVERSIDE AVENUE
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 MAARTEN VAN DE GUCHTE 04/25/2001
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	ST HICKS ANN 4705 ORTEGA BLVD JACKSONVILLE FL 32202	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	M VAN DE GUCHTE MAARTEN 1840 LIVE OAK LANE ATLANTIC BEACH FL 32233	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ARBITMAN KAHREN J 505 LANCASTER STREET #10A JACKSONVILLE FL 32204	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST HICKS ANN C 4705 ORTEGA BOULEVARD JACKSONVILLE FL 32210	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VT VICKERS SAMUEL H 7036 SAN FERNANDO PL JACKSONVILLE FL 32217	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TT GRUNE GEORGE V 1001 PONTE VEDRA BOULEVARD PONTE VEDRA BEACH FL 32082	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T LASTINGER ALLEN MR. 1145 CAMPBELL AVENUE JACKSONVILLE FL 32207	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VT WINGARD GAILE E 4531 ORTEGA BOULEVARD JACKSONVILLE FL 32210	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CT HASKELL PRESTON H 4971 MORVEN RD JACKSONVILLE FL 32210	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CT VICKERS SAMUEL H 7036 SAN FERNANDO PLACE JACKSONVILLE FL 32217	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (11/00)

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: Maarten van de Guchte M 04/25/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #