

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 761924

FILED  
Feb 12, 2002 8:00 AM  
Secretary of State

**Entity Name:** THE DEETTE HOLDEN CUMMER MUSEUM FOUNDATION, INC.

**Current Principal Place of Business:**

829 RIVERSIDE AVENUE  
JACKSONVILLE, FL 32204

**New Principal Place of Business:**

**Current Mailing Address:**

829 RIVERSIDE AVENUE  
JACKSONVILLE, FL 32204

**New Mailing Address:**

**FEI Number:** 59-2191587

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

VAN DE GUCHTE, MAARTEN M  
829 RIVERSIDE AVENUE  
JACKSONVILLE, FL 32204

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: CT ( ) Delete  
Name: VICKERS, SAMUEL H  
Address: 7036 SAN FERNANDO PLACE  
City-St-Zip: JACKSONVILLE, FL 32217

Title: VT ( ) Delete  
Name: WINGARD, GAILE E  
Address: 4531 ORTEGA BOULEVARD  
City-St-Zip: JACKSONVILLE, FL 32210

Title: TT ( ) Delete  
Name: GRUNE, GEORGE V  
Address: 1001 PONTE VEDRA BOULEVARD  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: ST ( ) Delete  
Name: HICKS, ANN C  
Address: 4705 ORTEGA BOULEVARD  
City-St-Zip: JACKSONVILLE, FL 32210

Title: M ( ) Delete  
Name: VAN DE GUCHTE, MAARTEN  
Address: 1840 LIVE OAK LANE  
City-St-Zip: ATLANTIC BEACH, FL 32233

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MAARTEN VAN DE GUCHTE

M

02/12/2002

Electronic Signature of Signing Officer or Director

Date