

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2000 8:00 am**  
**Secretary of State**

05-02-2000 90143 023 \*\*\*\*61.25

**DOCUMENT # N99000003291**

1. Entity Name

**MUSEUM OF ASIAN ART, INC.**

Principal Place of Business

Mailing Address

1299 S. TAMIAM TRAIL  
 SUITE 1209  
 SARASOTA FL 34239

1299 S. TAMIAM TRAIL  
 SUITE 1209  
 SARASOTA FL 34239-2200

**CORRECTED**

2. Principal Place of Business

**640 S. WASHINGTON**

Suite, Apt. #, etc.

**BLVD**

3. Mailing Address

**640 S. WASHINGTON**

Suite, Apt. #, etc.

**BLVD.**



DO NOT WRITE IN THIS SPACE

City & State

**SARASOTA FL**

City & State

**SARASOTA FL**

4. FEI Number

**650925253**

Applied For

Not Applicable

Zip

**34236**

Country

**USA**

Zip

**34236**

Country

**USA**

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

**WALL-APELT, HELGA**  
**1299 S. TAMIAM TRAIL**  
**SUITE 1209**  
**SARASOTA FL 34239**

Name **DR. HELGA WALL-APELT**

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

**SAME**

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

**DR. HELGA WALL-APELT**

**4/25/00**

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 **PRESIDENT & FOUNDER**  Delete  
 NAME **DR. HELGA WALL-APELT**  
 STREET ADDRESS **1299 S. TAMIAM TRAIL #1209**  
 CITY-ST-ZIP **SARASOTA, FL 34239**

TITLE **DIRECTOR & CURATOR**  Change  Addition  
 NAME **ELLEN VANDER NOOT**  
 STREET ADDRESS **400 GOLDEN GATE POINT #42**  
 CITY-ST-ZIP **SARASOTA FL 34236**

TITLE **VICE PRESIDENT & TREAS**  Delete  
 NAME **DR. MATTHEW EDLUND**  
 STREET ADDRESS **770 SOUTH PALM AVENUE**  
 CITY-ST-ZIP **SARASOTA, FL 34236**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **(DIR) CAROLYN BLOOMER, PH.D.**  Delete  
 NAME **DR. CAROLYN BLOOMER, PH.D.**  
 STREET ADDRESS **890 INDIAN BEACH DRIVE**  
 CITY-ST-ZIP **SARASOTA, FL 34234**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **(DIR) FRANK COLSON**  Delete  
 NAME **FRANK COLSON**  
 STREET ADDRESS **1666 HILMVIEW**  
 CITY-ST-ZIP **SARASOTA, FL 34239**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **(DIR) TONY FALCONE**  Delete  
 NAME **TONY FALCONE**  
 STREET ADDRESS **220 DAVIS BLVD.**  
 CITY-ST-ZIP **SARASOTA FL 34237**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **(DIR) HARVEY GUTMAN**  Delete  
 NAME **HARVEY GUTMAN**  
 STREET ADDRESS **888 BLVD. OF THE ARTS #801**  
 CITY-ST-ZIP **SARASOTA, FL 34236**

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 all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

**Traxider 4-25-00 941-954-7118**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)