


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

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90405 004 ****61.25

DOCUMENT # N99000003291

1. Entity Name
MUSEUM OF ASIAN ART, INC.



Principal Place of Business Mailing Address

**640 S WASHINGTON BLVD
SARASOTA FL 34236** **640 S WASHINGTON BLVD
SUITE 1209
SARASOTA FL 34236**

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 **65-0925253** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent:

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

7. Name and Address of New Registered Agent

Name *Judith Hennard, Admin. Director*
Street Address (P.O. Box Number is Not Acceptable)
*MUSEUM OF ASIAN ART
640 S. Washington Blvd.*
City *Sarasota* FL Zip Code *34236*

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 *Judith Hennard, Admin. Director* DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE	PF	<input type="checkbox"/> Delete
NAME	WALL-APELT, HELGA DR	
STREET ADDRESS	1630 HARBOR COY LANE	
CITY-ST-ZIP	LONGBOAT KEY FL 34228	
TITLE	VPT	<input type="checkbox"/> Delete
NAME	EDLUND, MATTHEW DR	
STREET ADDRESS	770 SOUTH PALM AVENUE	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE	DIR	<input checked="" type="checkbox"/> Delete
NAME	BLOOMER, CAROLYN	
STREET ADDRESS	890 INDIAN BEACH DR	
CITY-ST-ZIP	SARASOTA FL 34234	
TITLE	DIR	<input type="checkbox"/> Delete
NAME	COLSON, FRANK	
STREET ADDRESS	1666 HILLVIEW	
CITY-ST-ZIP	SARASOTA FL 34239	
TITLE	DIR	<input type="checkbox"/> Delete
NAME	FALCONE, TONY	
STREET ADDRESS	220 DAVIS BLVD	
CITY-ST-ZIP	SARASOTA FL 34237	
TITLE	DIR	<input type="checkbox"/> Delete
NAME	GUTMAN, HARVEY	
STREET ADDRESS	888 BLVD OF THE ARTS #801	
CITY-ST-ZIP	SARASOTA FL 34236	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kenneth D. Doerr	
STREET ADDRESS	P.O. Box 49948	
CITY-ST-ZIP	Sarasota, FL 34230-6948	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dr. Alfonz Lenguel	
STREET ADDRESS	4206 73rd Terrace East	
CITY-ST-ZIP	Sarasota, FL 34243	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sanford Miller	
STREET ADDRESS	7078 Fairway Bend Circle	
CITY-ST-ZIP	Sarasota, FL 34243	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Patricia Schultz	
STREET ADDRESS	1828 Grove St.	
CITY-ST-ZIP	Sarasota, FL 34230-4097	
TITLE	Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dorothy Stevens	
STREET ADDRESS	988 Blvd. of the Arts #717	
CITY-ST-ZIP	Sarasota, FL 34236	
TITLE	Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Anne Troy	
STREET ADDRESS	6241 Buckingham St.	
CITY-ST-ZIP	Sarasota, FL 34238	

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* *Matthew J Edlund 42163 9913654308*

CR2E037 (10/02)

Attachment: 1199000003291
70052747

Dr. Helga Wall-Apelt
Center for Traditional Chinese
Medicine
1630 Harbor Cay Lane
Longboat Key, FL 34228

Ms. Patricia A. Schultz
Second Vice President & Trust
Officer
Northern Trust Bank of Florida
1515 Ringling Blvd.
Sarasota, FL 34236

Dr. Matthew Edlund
770 South Palm Avenue
Sarasota, FL 34236

Ms. Dorothy Stevens
988 Blvd. Of the Arts, #717
Sarasota, FL 34236

Mr. Frank Colson
Colson School of Art, Inc.
1666 Hillview Street
Sarasota, FL 34239

Ms. Anne S. Troy
6291 Buckingham St.
Sarasota, FL 34238

Mr. Kenneth Doerr, Esquire
Abel, Band, Russell, Collier,
Pitchford & Gordon
P.O. Box 49948
Sarasota, FL 34230-6948

Mr. Tony Falcone
Point West Designs
220 Davis Boulevard
Sarasota, FL 34237

Teresa Finley
Fashion Consultant
620 N. MacEwen Drive
Osprey, FL 34229

Mr. Harvey Gutman
Ret. US Foreign Service
888 Blvd. of the Arts, 801
Sarasota, FL 34236

Prof. Alfonz Lengyel
Director of Sino-American
Field of Archeology
4206 73rd Terrace East
Sarasota, FL 34243

Mr. Sanford Milter
7078 Fairway Bend Circle
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Mr. Brett Rees
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