

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000006907

Entity Name: FRIENDS OF THE UFFIZI GALLERY, INC.**Current Principal Place of Business:**11467 RIVERWOOD PLACE
TWELVE OAKS
NORTH PALM BEACH, FL 33408**Current Mailing Address:**11467 RIVERWOOD PLACE
TWELVE OAKS
NORTH PALM BEACH, FL 33408 US**FEI Number:** 20-1892526**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CRAWFORD, BRUCE M
11467 RIVERWOOD PLACE
TWELVE OAKS
NORTH PALM BEACH, FL 33408 US*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:** BRUCE CRAWFORD

02/12/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name COLONNA RIMBOTTI, MARIA VITTORIA
Address C/O AMICI DEGLI UFFIZI ONLUS
City-State-Zip: FLORENCE 50129 (ITALY)

Title TREASURER
Name CRAWFORD, BRUCE
Address 11467 RIVERWOOD PLACE, 12 OAKS
City-State-Zip: NORTH PALM BEACH FL 33408

Title EXECUTIVE DIRECTOR
Name BROWNE, LISA MARIE
Address 397 NE SPANISH TRAIL
City-State-Zip: BOCA RATON FL 33432

Title VP
Name GUERRA, DOTTORE EMANUELE
Address C/O AMICI DEGLI UFFIZI ONLUS
City-State-Zip: FLORENCE 50129 (ITALY)

Title VP
Name BRACCI, MICHAEL J.
Address 11770 US HWY ONE SUITE 308
City-State-Zip: NORTH PALM BEACH FL 33408

Title SECRETARY
Name CHAMBERLAIN, BARBARA
Address 275 MURCIA DRIVE, #101
City-State-Zip: JUPITER FL 33458

I hereby 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 all other like empowered.

SIGNATURE: BRUCE CRAWFORD

TREASURER

02/12/2021

Electronic Signature of Signing Officer/Director Detail

Date