

**2020 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

02/18/2020

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

02/18/2020

Electronic Signature of Signing Officer/Director Detail

Date