2000 ~~FLORIDA PROFIT/NON-PROFIT (UBH)~~ Amended

DOCUMENT # 706099

1. Entity Name

MUSEUM OF ART, INC.

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
Museum of Art	

8/3/00 900291027 $101.25

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
One E. Las Olas Blvd.	One E. Las Olas Blvd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Fort Lauderdale, FL	City & State: Fort Lauderdale, FL
Zip: 33301 Country: USA	Zip: 33301 Country: USA

4. FEI Number: 59-6033555 ☐ Applied For ☐ Not Applicable

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
R.M. Gardner Gunster, Yoakley, et al 500 E. Broward Blvd., #1400 Fort Lauderdale, FL 33394	Name Street Address (P.O. Box Number is Not Acceptable) 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 _____ DATE

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

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D James Cassady Bank of America 100 SE 3rd Ave Ft. Laud., FL 33301 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C/D James Cassady 100 SE 3rd Ave. Fort Lauderdale, FL 33301 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V/D Louise Dill 1100 E. Las Olas Blvd. Fort Lauderdale, FL 33301 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D Louise Dill 1100 E. Las Olas Blvd. Fort Lauderdale, FL 33301 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C/D Anna McDaniel 2731 Mayan Drive Fort Lauderdale, FL 33316 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP/D Anna McDaniel 2731 Mayan Drive Fort Lauderdale, FL 33316 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Jean Smith 501 E. Las Olas Blvd. Fort Lauderdale, FL 33301 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Robert Granson 1213 Guava Isle Fort Lauderdale, FL 33315 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Robert Granson One East Las Olas Blvd. Fort Lauderdale, FL 33301 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Kathleen Harleman One E. Las Olas Blvd. Fort Lauderdale, FL 33301 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (9/99)

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: _____ Robert Granson, Director 7/24/00 (954) 525-5500 x224

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

8/7