

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 25, 2001 8:00 am**  
**Secretary of State**

01-25-2001 90244 006 \*\*\*\*61.25

**DOCUMENT # 706099**

1. Entity Name

**MUSEUM OF ART, INC.**

Principal Place of Business

**ONE E LAS OLAS BLVD  
 FT LAUDERDALE FL 33301**

Mailing Address

**ONE E LAS OLAS BLVD  
 FT LAUDERDALE FL 33301**

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

**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

**GARDNER, R M  
 GUNSTER, YOAKLEY, ET AL  
 500 E. BROWARD BLVD., #1400  
 FT. 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

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

T  
**SMITH, JEAN G**  
**501 E. LAS OLAS BLVD.**  
**FORT LAUDERDALE FL 33301**

☐ Delete

CD  
**CASSIDY, JAMES**  
**100 S.E. 3RD AVENUE**  
**FORT LAUDERDALE FL 33301**

☐ Delete

VPD  
**MCDANIEL, ANNA**  
**2731 MAYAN DRIVE**  
**FT LAUDERDALE FL 33316**

☐ Delete

PD  
**DILL, LOUISE**  
**1100 E LAS OLAS BLVD**  
**FT. LAUDERDALE FL 33301**

☐ Delete

D  
**GRANSON, ROBERT**  
**ONE EAST LAS OLAS BLVD.**  
**FORT LAUDERDALE FL 33301**

☐ Delete

D  
**HARLEMAN, KATHLEEN**  
**ONE E LAS OLAS BLVD.**  
**FT. LAUDERDALE FL 33301**

☐ Delete

☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/01

Date

(954)  
 525-5500

Daytime Phone #

CR2E037 (10/00)