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

DOCUMENT # 706099

1. Entity Name
MUSEUM OF ART, INC.

FILED
03 NOV 14 AM 11:52
SECRETARY OF STATE
TALLAHASSEE FLORIDA
400024074644
10/24/03--01017--005 **35.00

☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business	Mailing Address
ONE E LAS OLAS BLVD FT LAUDERDALE, FL 33301	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, type or print name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating)

FILE NOW: FEE IS $61.25
Initial or Amended UBR

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T JACOBSON, RICHARD 2700 S. COMMERCE PKWY, #300 WESTON, FL 33331	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD BUNNELL, GEORGE 888 E LAS OLAS BLVD #400 FORT LAUDERDALE, FL 33301	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD MCDANIEL, ANNA 2731 MAYAN DRIVE FT LAUDERDALE, FL 33316	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition SEE ATTACHED (1)
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD DILL, LOUISE 1100 E LAS OLAS BLVD FT.LAUDERDALE, FL 33301	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GRANSON, ROBERT ONE EAST LAS OLAS BLVD. FORT LAUDERDALE, FL 33301	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition SEE ATTACHED. (2)
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD HILKER, DONALD 77 S BIRCH RD APT 3-C FORT LAUDERDALE, FL 33316	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition TS

400024074644
11/14/03--01028--001 **26.25

CR2E037 (10/02)

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: Richard C Jacobson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

RICHARD JACOBSON