

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Mar 02, 2001 8:00 am**  
**Secretary of State**

03-02-2001 90063 008 \*\*\*\*61.25

**DOCUMENT # 735376**

1. Entity Name

**MUSEUM STORE ASSOCIATION, INC.**

Principal Place of Business

**4100 E MISSISSIPPI AVE  
800  
DENVER CO 80246  
US**

Mailing Address

**4100 E MISSISSIPPI AVE  
800  
DENVER CO 80246  
US**

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

**52-6044269**

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

**DUCKWORTH, HOBBY & ALLEN, P.A.  
1300 NORTH MILLS AVENUE  
ORLANDO FL 32803**

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

TITLE PD ☒ Delete  
NAME BLUMER, TERRY  
STREET ADDRESS 600 W KAGY BLVD  
CITY-ST-ZIP BOZEMAN MT 59717

TITLE P/D ☐ Change ☒ Addition  
NAME DORIS DELK  
STREET ADDRESS 428 NORTH BOULEVARD  
CITY-ST-ZIP RICHMOND, VA 23220-3307

TITLE VPD ☒ Delete  
NAME HIGH, LACEY  
STREET ADDRESS 26TH & THE PKWY  
CITY-ST-ZIP PHILADELPHIA PA 19130

TITLE VP/D ☐ Change ☒ Addition  
NAME RUTH ANN STEENBURGH  
STREET ADDRESS 717 GENERAL BOOTH BOULEVARD  
CITY-ST-ZIP VIRGINIA BEACH, VA 23451-4811

TITLE TD ☒ Delete  
NAME LIGHT, IRENE  
STREET ADDRESS 10245 WINTON RD  
CITY-ST-ZIP CINCINNATI OH 45231

TITLE T/D ☐ Change ☒ Addition  
NAME MARY QUACKENBUSH  
STREET ADDRESS 909 FIRST AVENUE, SUITE 630  
CITY-ST-ZIP SEATTLE, WA 98104-1055

TITLE SD ☒ Delete  
NAME POWELL, JUDY  
STREET ADDRESS 817-B N MARKET ST  
CITY-ST-ZIP CHATTANOOGA TN 37405

TITLE S/D ☐ Change ☒ Addition  
NAME SALLIE STUTZ  
STREET ADDRESS 200 EASTERN PARKWAY  
CITY-ST-ZIP BROOKLYN, NY 11238-6052

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VP/D ☐ Change ☒ Addition  
NAME JUDY POWELL  
STREET ADDRESS 201 CHESTNUT STREET  
CITY-ST-ZIP CHATTANOOGA, TN 37401

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Feb. 16, 2001 804-342-9671**

Date

Daytime Phone #

CR2E037 (10/00)