

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 735376

1. Entity Name

MUSEUM STORE ASSOCIATION, INC.

FILED  
Mar 13, 2002 8:00 am  
Secretary of State

03-13-2002 90115 002 \*\*\*\*61.25

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	DELK, DORIS	
STREET ADDRESS	428 NORTH BOULEVARD	
CITY-ST-ZIP	RICHMOND VA 23220-3307	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	STEENBURGH, RUTH A	
STREET ADDRESS	717 GENERAL BOOTH BOULEVARD	
CITY-ST-ZIP	VIRGINIA BEACH VA 23451-4811	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	QUACKENBUSH, MARY	
STREET ADDRESS	909 FIRST AVENUE, SUITE 630	
CITY-ST-ZIP	SEATTLE WA 98104-1055	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	STUTZ, SALLIE	
STREET ADDRESS	200 EASTERN PARKWAY	
CITY-ST-ZIP	BROOKLYN NY 11238-6052	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	POWELL, JUDY	
STREET ADDRESS	201 CHESTNUT STREET	
CITY-ST-ZIP	CHATTANOOGA TN 37401	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RUTH ANN Steenburgh	
STREET ADDRESS	717 General Booth Blvd	
CITY-ST-ZIP	VIRGINIA BEACH, VA 23451	
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Judy Powell	
STREET ADDRESS	201 Chestnut St.	
CITY-ST-ZIP	Chattanooga TN 37401	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kimberlee Riley	
STREET ADDRESS	10 S. Broadway Ste 1540	
CITY-ST-ZIP	St. Louis, MO 63102	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sallie Stutz	
STREET ADDRESS	200 Eastern Parkway	
CITY-ST-ZIP	BROOKLYN, NY 11238	
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gloria ENGEL	
STREET ADDRESS	612 E. Boulevard Ave	
CITY-ST-ZIP	Bismarck, ND 58508	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/8/02 303-504-9223

CR2E037 (9/01)