2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 19, 2001 8:00 am
Secretary of State
05-23-2001 90199 025 ****61.25
07-19-2001 90006 032 ****61.25

DOCUMENT # 739540

1. Entity Name
BEAUX ARTS ASSOCIATES of Museum of Art, Inc.,
Ft. Lauderdale, Fl.

Principal Place of Business
MUSEUM OF ART, INC

Mailing Address
1 EAST LAS OLAS BLVD.
Ft. Lauderdale, Fl
33301

[redacted]

00059119

DO NOT WRITE IN THIS SPACE

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 ☐ 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
	Name: GAIL CAPP
	Street Address (P.O. Box Number is Not Acceptable): 1719 EAST LAS OLAS BLVD.
	City: Ft. Lauderdale FL Zip Code: 33301

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: Gail Capp PRESIDENT 4/30/01
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P-MADELAINE SULLIVAN 4730 NE 25 Ave. Ft. Laud., Fl 33308 ☒ Delete	TITLE D NAME P-Gail CAPP STREET ADDRESS 1719 EAST LAS OLAS BLVD CITY-ST-ZIP Ft. Lauderdale, Fl. 33301	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V-JEAN DAVIS 804 Cypress Blvd. Apt 505 Pompano Beach, Fl. 33069 ☒ Delete	TITLE D NAME V-JEAN Gordon STREET ADDRESS 100 S. Birch Rd #2306 CITY-ST-ZIP Ft. Lauderdale, Fl. 33301	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S-Andi Beck 323 Sunset Drive Apt 306 Ft. Lauderdale, Fl 33301 ☒ Delete	TITLE T NAME S-Jill Printz STREET ADDRESS 1543 SE 14 Street CITY-ST-ZIP Ft. Lauderdale, Fl 33316	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T-Jean Sorenser 808 E. Las Olas Blvd Suite 101 Ft. Lauderdale, Fl 33301 ☒ Delete	TITLE D T NAME T-MARY McDonough Lackey STREET ADDRESS 1 Las Olas Circle #306 CITY-ST-ZIP Ft. Lauderdale, Fl. 33316	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (11/00)

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: Gail Capp GAIL CAPP 4/30/01 954-767-6383
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #