


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

**FILED**  
**Feb 21, 2003 8:00 am**  
**Secretary of State**

02-21-2003 90215 026 \*\*\*\*61.25

**DOCUMENT # 744961**

1. Entity Name  
**VERO BEACH MUSEUM OF ART, INC.**



Principal Place of Business  
**3001 RIVERSIDE PARK DRIVE  
VERO BEACH FL 32963**

Mailing Address  
**3001 RIVERSIDE PARK DRIVE  
VERO BEACH FL 32963**

**70018166**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

4. FEI Number **59-1867408**

Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**EVANS, RALPH L.**  
**3355 OCEAN DRIVE**  
**VERO BEACH FL 32963**

**7. Name and Address of New Registered Agent**

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 \_\_\_\_\_  
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 Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	VD	<input type="checkbox"/> Delete
NAME	<b>MCDERMOTT, RICHARD D</b>	
STREET ADDRESS	<b>700 BEACHLAND BOULEVARD</b>	
CITY-ST-ZIP	<b>VERO BEACH FL 32963</b>	
TITLE	C	<input type="checkbox"/> Delete
NAME	<b>NICHOLS, CARL W</b>	
STREET ADDRESS	<b>241 ISLAND CREEK DRIVE</b>	
CITY-ST-ZIP	<b>VERO BEACH FL 32963</b>	
TITLE	D	<input type="checkbox"/> Delete
NAME	<b>HARRIS, ROBERT R</b>	
STREET ADDRESS	<b>4070 N A1A SUITE 250</b>	
CITY-ST-ZIP	<b>VERO BEACH FL 32963</b>	
TITLE	TD	<input type="checkbox"/> Delete
NAME	<b>BROADBENT, ROBERT R</b>	
STREET ADDRESS	<b>1000 BEACH ROAD APT 199</b>	
CITY-ST-ZIP	<b>VERO BEACH FL 32963</b>	
TITLE	VD	<input type="checkbox"/> Delete
NAME	<b>REED, BETTY</b>	
STREET ADDRESS	<b>501 MARBRISA DRIVE</b>	
CITY-ST-ZIP	<b>VERO BEACH FL 32963</b>	
TITLE	S	<input type="checkbox"/> Delete
NAME	<b>WOODHOUSE, JOAN N</b>	
STREET ADDRESS	<b>341 SABAL PALM LANE</b>	
CITY-ST-ZIP	<b>VERO BEACH FL 32963</b>	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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** 2/10/03 772-231-0707

CR2E037 (10/02)