

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 746085

1. Entity Name

GULF COAST MUSEUM OF ART, INC.

FILED
Jan 12, 2000 8:00 am
Secretary of State

01-12-2000 90085 003 ****61.25

Principal Place of Business

Mailing Address

222 PONCE DE LEON BOULEVARD
BELLEAIR FL 34616
US

222 PONCE DE LEON BOULEVARD
BELLEAIR FL 33778-2008
US

2. Principal Place of Business

12211 Walsingham Road

3. Mailing Address

12211 Walsingham Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Largo, FL

City & State
Largo, FL

4. FEI Number

59-0624400

Applied For

Not Applicable

Zip
33778

Country
USA

Zip
33778

Country
USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MULOCK, DAVID G
ONE PROGRESS PLAZA
200 CENTRAL AVENUE
ST PETERSBURG FL 33701

7. Name and Address of New Registered Agent

Name
Same

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 *David Mulock*

David Mulock

1-4-00

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 NAME STREET ADDRESS CITY-ST-ZIP	TP MOCK, WAYNE S 123 ALORA ST, NE ST PETERSBURG FL 33704	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS COBB, BONITA L 6396 18TH ST, NE ST PETERSBURG FL 33702	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TT CRASKE, ANDREW J 107 GULF VIEW DRIVE BELLEAIR BLUFFS FL 33770	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED KEN ROLLINS 222 PONCE DE LEON BLVD BELLEAIR FL 33756	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TP MULOCK, DAVID G ONE PROGRESS PLAZA 200 CENTRAL AVE, ST. PETE FL 33701	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS CEDAR HAMES YESAWICH, PEPPERDINE & BROWN 150 2ND AVE, ST. PETE, FL 33701	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TT SALLY BAILEY REGENT PROPERTIES 15371 ROOSEVELT # 107, CLEARWATER 33760	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED KEN ROLLINS 12211 WALSINGHAM ROAD LARGO, FL 33778	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Ken Rollins*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-4-99

727-518-6833

Date

Daytime Phone #

ext 213

CR2F037 (9/99)