

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # 746085**

Entity Name

**GULF COAST MUSEUM OF ART, INC.****FILED****Apr 11, 2001 8:00 am**  
**Secretary of State**

04-11-2001 90090 026 \*\*\*\*61.25

Principal Place of Business

2211 WALSINGHAM ROAD  
LARGO FL 33778  
US

Mailing Address

12211 WALSINGHAM ROAD  
LARGO FL 33778  
US

A0046175

1. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

59-0624400

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

~~MULOCK, DAVID G~~  
~~ONE PROGRESS PLAZA~~  
~~200 CENTRAL AVENUE~~  
~~SAINT PETERSBURG FL 33701~~WILLIAM HELLER  
USF AT ST. PETERSBURG  
140 7TH AVE. S. - BAY 208  
ST. PETERSBURG, FL 33701

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

3-27-01

**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 TP ☒ Delete  
NAME MULOCK, DAVID G  
STREET ADDRESS ONE PROGRESS PLAZA 200 CENTRAL AVENUE  
CITY-ST-ZIP SAINT PETERSBURG FL 33701TITLE TS ☐ Delete  
NAME CEDER, HAMES  
STREET ADDRESS YESAWICH, PEPPERDINE & BROWN 150 2ND AVENUE  
CITY-ST-ZIP SAINT PETERSBURG FL 33701TITLE TT ☒ Delete  
NAME BAILEY, SALLY  
STREET ADDRESS REGENT PROPERTIES 15371 ROOSEVELT #107  
CITY-ST-ZIP CLEARWATER FL 33760TITLE ED ☐ Delete  
NAME KEN ROLLINS  
STREET ADDRESS 12211 WALSINGHAM ROAD  
CITY-ST-ZIP LARGO FL 33778TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE TP ☒ Change ☒ Add  
NAME WILLIAM HELLER  
STREET ADDRESS USF AT ST. PETERSBURG - BAY 208  
CITY-ST-ZIP 140 7TH AVE. S. ST. PETERSBURG, FL 33701TITLE TT ☒ Change ☒ Add  
NAME TOM NASH  
STREET ADDRESS P.O. BOX 1669  
CITY-ST-ZIP CLEARWATER, FL 33757TITLE ☐ Change ☒ Add  
NAME LANA SCHUTTE  
STREET ADDRESS FIRST NATIONAL BANK  
CITY-ST-ZIP 601 INDIAN ROCKS ROAD, BELLEAIR 33756TITLE TS ☐ Change ☒ Add  
NAME SIDNEY BAYNE  
STREET ADDRESS 1111 BAYSHORE BLVD, A-9, CLEARWATER 33759TITLE ☐ Change ☐ Add  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Add  
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2-27-01

727

518-6833