

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

3/3

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-03-2003 90451 041 ***61.25

DOCUMENT # 746085

1. Entity Name

GULF COAST MUSEUM OF ART, INC.



Principal Place of Business

**12211 WALSINGHAM ROAD
LARGO FL 33778
US**

Mailing Address

**12211 WALSINGHAM ROAD
LARGO FL 33778
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-0624400**

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

**HELLER, WILLIAM
USF AT ST PETERSBURG
140 7TH AVE S., BAY 208
ST PETERSBURG FL 33701**

Name

KEN ROLLINS

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

12211 WALSINGHAM ROAD

City

LARGO

FL

Zip Code

33778

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

Ken Rollins

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2-27-03

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **TP** ☒ Delete
NAME **CEDER, HAMES**
STREET ADDRESS **YESAWICH, PEPPERDINE & BROWN 150 2ND AVENUE**
CITY-ST-ZIP **SAINT PETERSBURG FL 33701**

TITLE **BOARD PRESIDENT** ☒ Change ☐ Addition
NAME **TOM NASH**
STREET ADDRESS **MACFARLANE, FERUSON + MCMAULLEN PA PO Box 1669**
CITY-ST-ZIP **CLEARWATER, FL 33757**

TITLE **TV** ☒ Delete
NAME **NASH, TOM C II**
STREET ADDRESS **PO BOX 1669**
CITY-ST-ZIP **CLEARWATER, FL 33757**

TITLE **BOARD PRESIDENT ELECT** ☒ Change ☐ Addition
NAME **LANA SCHUTTE**
STREET ADDRESS **NORTHERN TRUST BANK 525 INDIAN ROCKS RD**
CITY-ST-ZIP **BELLEAIR, BLUESSE, FL 33770**

TITLE **TT** ☒ Delete
NAME **KLINE, BOB**
STREET ADDRESS **1206 S. SUFFOLK DR**
CITY-ST-ZIP **TAMPA FL 33629**

TITLE **TREASURER** ☒ Change ☐ Addition
NAME **ERIC SCHMITZ**
STREET ADDRESS **213 POINCIANA LANE**
CITY-ST-ZIP **LARGO, FL 33770**

TITLE **ED** ☐ Delete
NAME **ROLLINS, KEN**
STREET ADDRESS **12211 WALSINGHAM ROAD**
CITY-ST-ZIP **LARGO FL 33778**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TS** ☒ Delete
NAME **GRAYSON, DARLENE**
STREET ADDRESS **11145 THIRD ST, E**
CITY-ST-ZIP **TREASURE ISLAND FL 33708**

TITLE **SECRETARY** ☒ Change ☐ Addition
NAME **ED CASSIDY**
STREET ADDRESS **ST. PETE TUNES 490 FIRST AVENUE SOUTH**
CITY-ST-ZIP **ST. PETERSBURG, FL 33701**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

KEN ROLLINS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-27-03

CR2037(10/02)