

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 03, 2001 08:00 AM****Secretary of State****DOCUMENT # N00000003150**1. Entity Name  
THE MILLENIUM ART GUILD AT PALM COAST, INC.Principal Place of Business  
51 WOODHOLLOW LANE  
PALM COAST FL 32125  
Mailing Address  
POST OFFICE BOX 350134  
PALM COAST FL 32125-1342. Principal Place of Business  
26 WOODBURY DRIVE  
Suite, Apt. #, etc.City & State  
PALM COAST FLZip Country  
321344. FEI Number  
**65-0999710**  
Applied For  
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**GANCI JOSEPH A  
51 WOODHOLLOW LANE  
PALM COAST FL 32125**7. Name and Address of New Registered Agent**Name  
CARRA JOHN A  
Street Address (P.O. Box Number is Not Acceptable)  
26 WOODBURY DRIVE  
City  
PALM COAST FL Zip Code  
32134

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 **JOHN CARRA**

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

(NOTE: Registered Agent signature required when reinstalling)

**04/03/2001**

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	<input type="checkbox"/> Delete

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" 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)(f), 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: SUZANNE SUSKO**

V/D

**04/03/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)

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**BAUDHUIN, ERNEST (DIRECTOR)**  
**16 LAKE FOREST COURT NORTH**

**PALM COAST, FL 32137**

**SHOEMAKER, BILL (DIRECTOR)**  
**80 BEECHWOOD LANE**

**PALM COAST, FL 32137**

**NASH, ELEONORE (DIRECTOR)**  
**8 COTTONWOOD TRAIL**

**PALM COAST, FL 32137**