

2001 UNIFORM BUSINESS REPORT (UBR)

4/

FILED
May 23, 2001 8:00 am
Secretary of State

04-28-2001 90071 035 ****70.00

DOCUMENT # N00000003233

1. Entity Name

MOUNT ROYAL MUSEUM AND CULTURAL CENTER, INC.

Principal Place of Business

Mailing Address

124 WILLIAM BARTRAM DR.
 WELAKA FL 32193

124 WILLIAM BARTRAM DR.
 WELAKA FL 32193

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
 Crescent City Florida

Zip

Country

Zip
 32112

Country

4. FEI Number

59-3654187

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

HAMRICK, RICHARD G
 124 WILLIAM BARTRAM DR.
 WELAKA FL 32193

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.

SIGNATURE

Richard Hamrick

Signature based on printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

8/13/01

DATE

**FILE NOW:
 FEE IS \$61.25**

70.00

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	PD	<input type="checkbox"/> Delete
NAME	HAMRICK, RICHARD	
STREET ADDRESS	P. O. BOX 761	
CITY-ST-ZIP	CRESCENT CITY FL 32112	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	VANDEVENTER, DONALD J	
STREET ADDRESS	100 SHELL HARBOR RD.	
CITY-ST-ZIP	SATSUMA FL 32189	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	WILCOX, WILLANELLE	
STREET ADDRESS	P. O. BOX 568	
CITY-ST-ZIP	WELAKA FL 32193	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	MOORE, REESE	
STREET ADDRESS	704 TANGELO AVE.	
CITY-ST-ZIP	ORANGE CITY FL 32763	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bianca Durachko	
STREET ADDRESS	P. O. Box 776	
CITY-ST-ZIP	Crescent City Florida	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MOORE, REESE	
STREET ADDRESS	704 TANGELO AVE.	
CITY-ST-ZIP	ORANGE CITY FL 32763	
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:

Richard Hamrick
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/14/01

DATE

904-467-3627

Daytime Phone #

CR2E037 (10/00)