

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000008208

1. Entity Name

THE CURRENCY GALLERY AND RESEARCH FOUNDATION, IN
C.

Principal Place of Business

2364 N. HIGHWAY A1A
INDIALANTIC FL 32903

Mailing Address

2364 N. HIGHWAY A1A
INDIALANTIC FL 32903

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

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

SULLIVAN, RANDY L
2368 N. HIGHWAY A1A
INDIALANTIC FL 32903

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

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.

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\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	PCD SULLIVAN, STEPHEN M	<input type="checkbox"/> Delete
STREET ADDRESS	1281 MOSSWOOD COURT	
CITY-ST-ZIP	INDIALANTIC FL 32903	
TITLE NAME	VD SULLIVAN, RANDY L	<input type="checkbox"/> Delete
STREET ADDRESS	2368 N. HIGHWAY A1A	
CITY-ST-ZIP	INDIALANTIC FL 32903	
TITLE NAME	D HEARN, JAMES A	<input type="checkbox"/> Delete
STREET ADDRESS	14709 CARNATION DRIVE	
CITY-ST-ZIP	TAMPA FL	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Randy L. Sullivan

Date

2/8/02

Daytime Phone #

321-773-5305

FILED
Feb 24, 2002 8:00 am
Secretary of State

02-24-2002 90071 025 ****61.25



DO NOT WRITE IN THIS SPACE

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CR2E037 (9/01)