

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2001 8:00 am**  
**Secretary of State**

04-24-2001 90268 030 \*\*\*\*61.25

**DOCUMENT # N27965**

1. Entity Name

**PHOTORAMA INTERNATIONAL MUSEUM, INC.**

Principal Place of Business

**C/O RICHARD A. HARMON  
14330 SOUTH TAMiami TRAIL  
FORT MYERS FL 33912**

Mailing Address

**C/O RICHARD A. HARMON  
14330 SOUTH TAMiami TRAIL  
FORT MYERS FL 33912**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**NOT APPLICABLE**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**HARMON, RICHARD A.  
14330 SOUTH TAMiami TRAIL  
FORT MYERS FL 33912**

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. ☐

**\$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	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	DP	HARMON, RICHARD A.	14330 S. TAMiami TRAIL FT. MYERS FL	<input type="checkbox"/>
	DVP	HARMON, JUDITH L.	14330 S. TAMiami TRAIL FT. MYERS FL	<input type="checkbox"/>
	DT	HARMON, JAMES	1259 MORNINGSIDE DR. FT. MYERS FL	<input type="checkbox"/>
	D	NOBLE, WARREN	400 LINCOLN ST. HINGHAM MA	<input type="checkbox"/>
	D	FITTS, FREDERICK	47 NELSON STREET FRAMINGHAM MA	<input checked="" type="checkbox"/>
	D	PRUSSEY, KAREN L.	8724 LA CHATEAU DR. FT. MYERS FL	<input type="checkbox"/>

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

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:

*James R. Harmon*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**JAMES R. HARMON UP 4-16-01 941-482-7220**

CR2E037 (10/00)