FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Jan 30, 2001 8:00 am Secretary of State **DOCUMENT # N41075** 1. Entity Name 1 MANDARIN MUSEUM & HISTORIAL SOCIETY, INC. 01-30-2001 90021 049 ****61.25 Principal Place of Business Mailing Address 12471 MANDARIN ROAD P.O. BOX 23601 JACKSONVILLE FL 32223 JACKSONVILLE FL 32241 908102 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3044701 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New, Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) TOWART, JAMES W 12219 CATTAIL DR., W JACKSONVILLE FL 32223 Zip Code FL 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: 9. Election Campaign Financing **\$5.00** May Be Make Check Payable to Trust Fund Contribution. **FEE IS \$61.25** Added to Fees Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. ☐ Delete ☐ Addition TITLE TITLE Change ROUMILLAT, KAREN NAME NAME 1519 SR 13 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32259 CITY-ST-ZIP ☐ Addition TITI F ☐ Delete TITI F ☐ Change NAME FORD, SUSAN NAME STREET ADDRESS 2767 BRANDYBUCK TR STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL CITY-ST-ZIP DS TITLE Delete TITLE Change ☐ Addition KUROWSKY, ROBERT NAME NAME STREET ADDRESS 11371 BEECHER CIR E STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP JACKSONVILLE FL TITLE ☐ Delete TITLE ☐ Change Addition MORROW, ANNE NAME NAME STREET ADDRESS 12246 MANDARIN RD STREET ADDRESS CITY-ST-7IP JACKSONVILLE FL CITY-ST-ZIP TITLE □ Delete TITLE ☐ Change ☐ Addition TOWART, JAMES W NAME NAME STREET ADDRESS 12219 CATTAILS DR., W STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL CITY-ST-ZIP n TITLE ☐ Delete TITLE ☐ Change ☐ Addition DAVIS, CARL NAME NAME STREET ADDRESS 11647 WAMRICK PL STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32223 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

Daytime Phone #

changed, or on an attachment with an address, with all other like empowered.