

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000000154

1. Entity Name

THE MUSEUM OF FLORIDA'S ART AND CULTURE, INC.

**FILED**  
**May 16, 2000 8:00 am**  
**Secretary of State**

05-16-2000 90171 024 \*\*\*\*61.25

Principal Place of Business

13238 US HWY 98  
SEBRING FL 33870

Mailing Address

13300 U.S. 98  
SEBRING FL 33870

2. Principal Place of Business

3. Mailing Address

13238 US Hwy 98

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State.

Sebring FL

Zip

Country

Zip

33870

Country

4. FEI Number

59-3220256

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

7. Name and Address of New Registered Agent

MACBETH, J R  
2543 U.S. 27 SOUTH  
SEBRING FL 33870

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 PD ☐ Delete  
NAME FITCH, MICHAEL D  
STREET ADDRESS 145 W CENTER ST, PO BOX 511  
CITY-ST-ZIP SEBRING FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VPD ☐ Delete  
NAME FITCH, JAMES E  
STREET ADDRESS 13300 US 98  
CITY-ST-ZIP SEBRING FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE T ☐ Delete  
NAME ROBERTS, PETER P  
STREET ADDRESS R-1, BOX 250 MARTIN LANE  
CITY-ST-ZIP ZOLFO SPRINGS FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE S ☐ Delete  
NAME STROUP, CHARLEEN  
STREET ADDRESS 1050 CRACKER HAMMOCK  
CITY-ST-ZIP SEBRING FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

J.E. FITCH

04-28-00 863-655-0414

Date

Daytime Phone #

CR2E037 (9/99)