

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000004031

1. Entity Name

THE APPLETON MUSEUM OF ART GUILD, INC.

FILED
Apr 11, 2000 8:00 am
Secretary of State

04-11-2000 90238 036 ****61.25

Principal Place of Business 4333 E SILVER SPRINGS BLVD. OCALA FL 34470-5000	Mailing Address 4333 E SILVER SPRINGS BLVD. OCALA FL 34478-3190
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3236386	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

WITTNER, SELMA K
550 SILVER COURSE LOOP
OCALA FL 34472

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 *Selma K Wittner* 4/6/00

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. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DIETZ, ROSE 4588 NE 2ND ST. OCALA FL 34470	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JONES, DORIS 26 EMERALD DR OCALA FL 34472	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WITTNER, SELMA K 550 SILVER COURSE LOOP OCALA FL 34472	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHMEHL, LEON 38 PINE TRACK OCALA FL 34472	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LALLA, JOANN 149 ALMOND ROAD OCALA FL 34472	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DONALDSON, ELOISE 623 A. MIDWAY DRIVE OCALA FL 34472	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
Rev. George Murtagh 2640 NE 52nd Ct. #42 Silver Springs FL 34488	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
Ann Fiduk 314 SE 54th Ct. Ocala FL 34471	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
Gloria Kuchinskas 1916 Se. 37th Ct. Cir. Ocala FL 34471	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 617, indicated on this report or supplemental report is true and accurate and that my signature shall have the same effect as the signature of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, F.S. 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

Date

Daytime Phone #

CR2E037 (9/99)