

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Sep 09, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # N94000004694****1. Entity Name**  
MUSEUM CENTER CORP.**Principal Place of Business**  
801 WEST PALMETTO PARK ROAD  
BOCA RATON FL 33486**Mailing Address**  
801 WEST PALMETTO PARK ROAD  
BOCA RATON FL 33486**2. Principal Place of Business**  
501 PLAZA REAL**3. Mailing Address**  
501 PLAZA REAL**Suite, Apt. #, etc.**  
MIZNER PARK**Suite, Apt. #, etc.**  
MIZNER PARK**City & State**  
BOCA RATON FL**City & State**  
BOCA RATON FL**Zip**  
33432**Country**  
33432**4. FEI Number**  
**65-0445848****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****BOLGE GEORGE S**  
BOCA RATON MUSEUM OF ART  
801 W PALMETTO PARK RD  
BOCA RATON FL 334317386 US**7. Name and Address of New Registered Agent****Name**  
BOLGE GEORGE S  
**Street Address (P.O. Box Number is Not Acceptable)**  
BOCA RATON MUSEUM OF ART  
**501 PLAZA REAL**  
**City**  
BOCA RATON **FL** **Zip Code**  
33432**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** **09/09/2001**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE**FILE NOW:**  
**FEE IS \$61.25****9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees****Make Check Payable to**  
**Department of State****10. OFFICERS AND DIRECTORS**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	FL
VT	SPENCE JEAN	1220 N OCEAN BLVD	GULFSTREAM	FL 33483
VT	POMERANZ MARLENE	10068 HARBORTOWN CT	BOCA RATON	FL 33498
P	BORROW JOSEPH	4105 GEORGES WAY	BOCA RATON	FL 33434
TT	MINTZ LOREN	2220 NW 62ND DR.	BOCA RATON	FL 33496
T	WOLGIN WILLIAM	2540 NW 24TH CT	BOCA RATON	FL 33433
T	SONNENBLICK DANI MRS.	18211 LONG LAKE DRIVE	BOCA RATON	FL 33496

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	FL	33483
V/T	SPENCE JEAN	1220 N OCEAN BLVD	GULFSTREAM	FL	33483
V/T	POMERANZ MARLENE	10068 HARBORTOWN CT	BOCA RATON	FL	33498
AT/T	WOLGIN SIDNEY	4545 N. OCEAN BLVE. #17A	BOCA RATON	FL	33431
T/T	GREENBERG LEONARD	11500 EL CLAIR RANCH ROAD	BOYNTON BEACH	FL	33431
P	WOLGIN WILLIAM DR	7383 ORANGEWOOD LANE #603	BOCA RATON	FL	33433
V/T	RUBIN PHYLLIS MRS.	17096 DARLINGTON COURT	BOCA RATON	FL	33496

**12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** DR. WILLIAM WOLGIN P 09/09/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Day-time Phone #

CR2E037 (11/00)