2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000000487

FILED
May 15, 2000 8:00 am
Secretary of State
05-15-2000 90163 037 ****61.25

1. Entity Name

LAKE EUSTIS MUSEUM OF ART, INC.

Principal Place of Business	Mailing Address
113 N. BAY STREET EUSTIS FL 32726	113 N. BAY STREET EUSTIS FL 32726-3402

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 59-3283149 ☐ Applied For ☐ Not Applicable

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
SEMENTO, LAWRENCE J 531 N. BAY STREET EUSTIS FL 32726	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	PD ZIEGENGEIST, MARY 3151 INDIAN TRAIL EUSTIS FL 32726	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Ziegengeist, Mary 3151 Indian Trail Eustis, Fl. 32726	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP MICHAEL SZUNYOG 1307 E LAKEVIEW EUSTIS FL 32726	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Szunyog, Michael 1307 E. Lakeview Eustis, Fl. 32726	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD SMITH, GLORIA 2834 WESTLAND RD MOUNT DORA FL 32757	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Terry, Eliza 204 E. Gottsche St. Eustis, Fl. 32726	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD DIPILLA, CLEME L 19451 SPRING OAK DR EUSTIS FL 32736	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Dipilla, Cleme L. 19451 Spring Oak Dr. Eustis, Fl. 32736	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RYAN, KATHLEEN 3001 JAVENS CIRCLE, UNIT 13 MOUNT DORA FL 32757	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Ryan, Kathleen 2900 Westland Road Mt. Dora, Fl. 32757	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LOUISE CARTER 35549 CYPRESS CT GRAND ISLAND FL 32735	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Carter, Louise 35549 Cypress Ct Grand Island, Fl. 32735	☒ Change ☒ Addition

CR2E037 (9/99)

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.

352 357 9188

SIGNATURE: Cleme L. Dipilla SIGNATURE REQUIRED Cleme L. Dipilla, Treas. 4 26 00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #