

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2002 8:00 am
Secretary of State

04-24-2002 90347 011 ****61.25

DOCUMENT # N95000000487

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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3283149

Applied For

Not Applicable

Zip

Country

Zip

Country

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 **PD** ☒ Delete
 NAME **ZIEGENGEIST, MARY**
 STREET ADDRESS **3151 INDIAN TRAIL**
 CITY-ST-ZIP **EUSTIS FL 32726**

TITLE **PD** ☐ Change ☒ Addition
 NAME **Ziegengeist, Mary**
 STREET ADDRESS **3151 Indian Trail** **Eustis Fl 32726**
 CITY-ST-ZIP

TITLE **VP** ☒ Delete
 NAME **SZUNYOG, MICHAEL**
 STREET ADDRESS **1307 E LAKEVIEW**
 CITY-ST-ZIP **EUSTIS FL 32726**

TITLE **VP** ☐ Change ☒ Addition
 NAME **Szunog, Michael**
 STREET ADDRESS **1307 E. Lakeview** **Eustis Fl 32726**
 CITY-ST-ZIP

TITLE **SD** ☒ Delete
 NAME **TRASK, ALTA**
 STREET ADDRESS **18 FOREST LANE**
 CITY-ST-ZIP **EUSTIS FL 32726**

TITLE **SD** ☐ Change ☒ Addition
 NAME **Trask, Alta**
 STREET ADDRESS **18 Forest Lane** **Eustis, Fl. 32726**
 CITY-ST-ZIP

TITLE **TD** ☒ Delete
 NAME **DIPILLA, CLEME L**
 STREET ADDRESS **19451 SPRING OAK DR**
 CITY-ST-ZIP **EUSTIS FL 32736**

TITLE **TD** ☐ Change ☒ Addition
 NAME **Dipilla, Cleme L.**
 STREET ADDRESS **19451 Spring Oak Dr.** **Eustis, Fl 32736**
 CITY-ST-ZIP

TITLE **D** ☒ Delete
 NAME **STOCK, MADELINE**
 STREET ADDRESS **512 ESSEX AVE**
 CITY-ST-ZIP **MOUNT DORA FL 32757**

TITLE **D** ☐ Change ☒ Addition
 NAME **Stock, Madeleine**
 STREET ADDRESS **512 Essex Ave.** **Mount Dora Fl 32757**
 CITY-ST-ZIP

TITLE **D** ☒ Delete
 NAME **TERRY, ELIZA**
 STREET ADDRESS **204 E GOTTSCH**
 CITY-ST-ZIP **EUSTIS FL 32726**

TITLE **D** ☐ Change ☒ Addition
 NAME **TERRY, Eliza**
 STREET ADDRESS **2705 Gable Ave.** **Eustis Fl 32726**
 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:

Cleme L. Dipilla, Treasurer
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-15-02

CR2E037 (9/01)