## 2003 NOT-FOR-PROFIT CORPORATION

## **UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT # N9500000487

1. Entity Name

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**FILED** May 01, 2003 8:00 am § Secretary of State

05-01-2003 90386 007 \*\*\*\*61.25

LAKE EUS	STIS MUSEUM OF ART, INC.							
Principal Place of Business  113 N. BAY STREET EUSTIS FL 32726  Mailing Address  113 N. BAY STREET EUSTIS FL 32726  EUSTIS FL 32726						,		
2. Principal P	Place of Business	3. Mailing Address	_ <del></del>					
Suite, Apt.	Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF		MAKING CHANGE	S				
City & Stat	te	City & State			4. FEI Number 59	-3283149	<del> </del>	Applied For
Zip	Country	Zip	Country		5. Certificate of Sta	tus Desired [	\$8.75 Ad	dditional
	6. Name and Address of Current F	Registered Agent			7. Name and Addre	ess of New Regis		
			Name					
	D, LAWRENCE J		Street A	Address (P	O. Box Number is No	ot Acceptable)		
	AY STREET		<u> </u>			<del></del>		
EUSTIS F	FL 32726							
*			City				FL Zip Co	de
	named entity submits this statement for tions of registered agent.	the purpose of changing its re	egistered office o	r registere	d agent, or both, in th	ne State of Florida	. I am familiar with	n, and accept
CICNATURE								}
SIGNATURE .	. Signature, typed or printed name of registered agent ar	nd title if applicable (NOTE: F	Registered Agent signat	lure required y	vhen reinstating)	<del></del>	DATE .	
FILE NOW: FEE IS \$61.25  9. Election Campaign F Trust Fund Contributi								
	FILE NOW: FEE IS \$61.25	1			\$5.00 May Be Added to Fees		Check Payable Department of	
10.	OFFICERS AND DIR	Trust Fund Cor		LJ A		Florida [	Department of	State N 10
10.	OFFICERS AND DIR	Trust Fund Cor	11.	PD	Added to Fees  DDITIONS/CHANGE	Florida (	Department of	State N 10
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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: