

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000005758

1. Entity Name

FLORIDA FINE ART MUSEUM CORPORATION

**FILED**  
**Jun 05, 2000 8:00 am**  
**Secretary of State**

06-05-2000 90028 029 \*\*\*\*70.00

Principal Place of Business

Mailing Address

1707 WINNERS CIRCLE  
TARPON SPRINGS FL 34689

P O BOX 69  
TARPON SPRINGS FL 34688-0069  
US

2. Principal Place of Business

1707 Winners Circle

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.  
TARPON SPRINGS, FLORIDA

City & State

City & State  
34689

Zip

Country

Zip  
34689

Country  
USA

Zip

Country

4. FEI Number

59-3434479

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

SYMS, HARCOURT  
1707 WINNERS CIRCLE  
TARPON SPRINGS FL 34689

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  
DP  
SYMS, HARCOURT  
1707 WINNERS CIRCLE  
TARPON SPRINGS FL 34689 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DVS  
SYMS, FIONA C  
13401 SANCTUARY COVE DR APT 435  
TAMPA FL 33637 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DT  
SYMS, S. NICOLE  
3607 WHISPERING OAKS LANE UNIT 44  
PALM HARBOR FL 34684 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DT SYMS, S. NICOLE ☒ Change ☐ Addition  
3030 Eastland BLVD. A 202  
CLEARWATER FL 33761

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DT 3030 EASTLAND BLVD. A 202  
(ABOVE) ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: SYMS, HARCOURT SYMS (DP) MAY 22, 2000 934-3932 (727)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)