

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90397 033 ****70.00

DOCUMENT # N96000005758

1. Entity Name

FLORIDA FINE ART MUSEUM CORPORATION

Principal Place of Business

1707 WINNER CIRCLE
 TARPON SPRINGS FL 34689
 US

Mailing Address

P O BOX 69
 TARPON SPRINGS FL 34688-0069
 US

2. Principal Place of Business

3. Mailing Address

PO BOX 39

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

TARPON SPRINGS FL

4. FEI Number

59-3434479

Applied For

Not Applicable

Zip

Country

Zip

Country

34688-0039

USA

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
DVS
SYMS, FIONA C
1707 WINNERS CIRCLE
TARPON SPRINGS FL 34689
☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
DT
SYMS, S N
3030 EASTLAND BLVD A202
CLEARWATER FL 33761

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
DT
BELDZIK S.N. (NEE SYMS)
3030 EASTLAND BLVD. A 202
CLEARWATER FL. 33761
☒ 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

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)(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:

HARCOURT SYMS DP.
REQUIRED

Apr. 30, 2001

934 3932

CR2E037 (10/00)