

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90969 021 ****70.00

DOCUMENT # **N96000005758**

1. Entity Name



FLORIDA FINE ART MUSEUM CORPORATION

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1707 Winners Circle

Suite, Apt. #, etc.

3. Mailing Address

1707 Winners Circle

Suite, Apt. #, etc.

City & State

Tarpon Springs FL

City & State

Tarpon Springs FL

Zip

34689

Country

USA

Zip

34689

Country

USA

4. FEI Number

59-3434479

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional Fee Required

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40070100

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **HARCOURT SYMS**

Street Address (P.O. Box Number is Not Acceptable)

1707 Winners Circle

City

Tarpon Springs

FL

Zip Code
34689

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Harcourt Syms (SAME)
DP

April 26, 2005

**FEE IS \$61.25
Initial or Amended UBR**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP, SYMS HARCOURT, 1707 Winners Circle Tarpon Springs FL 34689
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT BELOZIK S.N. (NEE SYMS) 1707 Winners Circle Tarpon Springs FL 34689
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D.V.S. GRAF KEVIN 6705 Lassen Ave New Port Richey FL 34655
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Harcourt Syms

HARCOURT DP.

(727)

April 26, 2005

934.2933

CR2E037B (12/02)