

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

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90412 042 ****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

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

**DO NOT WRITE
IN THIS SPACE**

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

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 *D.P. DT.*
NAME *SYMS HARCOURT*
STREET ADDRESS *1707 Winners Circle*
CITY-ST-ZIP *TARPOON SPRINGS FL 34689*

TITLE *DVS.*
NAME *GRAF KEVIN*
STREET ADDRESS *6705 Lassen Ave*
CITY-ST-ZIP *NEW PORT RICHEY FL. 34655*

TITLE *D.*
NAME *TRINQUE ART*
STREET ADDRESS *5493 Valley Spring Dr.*
CITY-ST-ZIP *Brooksville FL. 34601*

TITLE
NAME
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HARCOURT SYMS
DP

April 26, 2006

Date

(727)

934 3932

Daytime Phone #

CR250378 112102