

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000003291

1. Entity Name

MUSEUM OF ASIAN ART, INC.

FILED

May 02, 2000 8:00 am
Secretary of State

05-02-2000 90143 023 ****61.25

Principal Place of Business

1299 S. TAMIAM TRAIL
SUITE 1209
SARASOTA FL 34239

Mailing Address

1299 S. TAMIAM TRAIL
SUITE 1209
SARASOTA FL 34239-2200

2. Principal Place of Business

640 S. WASHINGTON BLVD

3. Mailing Address

640 S. WASHINGTON BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SARASOTA FL

City & State

SARASOTA FL

4. FEI Number

650925253

Applied For

Not Applicable

Zip

34236

Country

USA

Zip

34236

Country

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

WALL-APELT, HELGA
1299 S. TAMIAM TRAIL
SUITE 1209
SARASOTA FL 34239

Name

DR. HELGA WALL-APELT

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

SAME

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

DR. HELGA WALL-APELT

4/25/00

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	PRESIDENT & FOUNDER <input type="checkbox"/> Delete
NAME	DR. HELGA WALL-APELT
STREET ADDRESS	1299 S. TAMIAM TRAIL, #1209
CITY-ST-ZIP	SARASOTA, FL 34239
TITLE	VICE PRESIDENT & TREAS <input type="checkbox"/> Delete
NAME	DR. MATTHEW EDLUND
STREET ADDRESS	770 SOUTH PALM AVENUE
CITY-ST-ZIP	SARASOTA, FL 34236
TITLE	DIR CAROLYN BLOOMER, PH.D. <input type="checkbox"/> Delete
NAME	890 INDIAN BEACH DRIVE
STREET ADDRESS	SARASOTA, FL 34234
CITY-ST-ZIP	
TITLE	DIR FRANK COLSON <input type="checkbox"/> Delete
NAME	1666 HILVIEW
STREET ADDRESS	220 DAVIS BLVD.
CITY-ST-ZIP	SARASOTA, FL 34239
TITLE	DIR TONY FALCONE <input type="checkbox"/> Delete
NAME	220 DAVIS BLVD.
STREET ADDRESS	SARASOTA FL 34237
CITY-ST-ZIP	
TITLE	DIR HARVEY GUTMAN <input type="checkbox"/> Delete
NAME	888 BLVD. OF THE ARTS #801
STREET ADDRESS	SARASOTA, FL 34236
CITY-ST-ZIP	

TITLE	DIRECTOR & CURATOR <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELLEN VANDER NOOT
STREET ADDRESS	400 GOLDEN GATE POINT #42
CITY-ST-ZIP	SARASOTA FL 34236
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-25-00 941-954-7118

CR2E037 (9/99)