

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000004351

1. Entity Name.

MUSEUM OF ART ANGELS, INC.

FILED
Feb 03, 2000 8:00 am
Secretary of State

02-03-2000 90034 012 ****61.25

Principal Place of Business Mailing Address
TOURNESOL PLANTATION TOURNESOL PLANTATION
ROUTE 3 BOX 205 ROUTE 3 BOX 205
MONTICELLO FL 32344 MONTICELLO FL 32344-9474

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3598 654

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

BROWN, JEFFREY
% OERTEL, HOFFMAN, FERNANDEZ ETAL
301 S. BRONOUGH ST., STE. 500
TALLAHASSEE FL 32301

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 D ☐ Delete
NAME SCHRIEFFER, ANNE
STREET ADDRESS ROUTE 3 BOX 205, TOURNESOL PLANTATION
CITY-ST-ZIP MONTICELLO FL 32344

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

TITLE D ☐ Delete
NAME WEST, JOAN WADSWORTH
STREET ADDRESS 2808 RABBIT HILL RD.
CITY-ST-ZIP TALLAHASSEE FL 32312

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

TITLE D ☐ Delete
NAME LOVANO-KERR, JESSIE
STREET ADDRESS 3142 ORTEGA DRIVE
CITY-ST-ZIP TALLAHASSEE FL 32312

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

TITLE D ☐ Delete
NAME JONES, MIMI
STREET ADDRESS 1713 SILVERWOOD DR.
CITY-ST-ZIP TALLAHASSEE FL 32301

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

TITLE D ☐ Delete
NAME KESSLER, MITZI
STREET ADDRESS 512 SUMMERBROOKE DR.
CITY-ST-ZIP TALLAHASSEE FL 32312

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANNE Schrieffe - 1/27/2000 997-4152

Date

Daytime Phone #

CR2E037 (9/99)