

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 12, 2001 8:00 am**  
**Secretary of State**

01-12-2001 90031 009 \*\*\*\*61.25

**00003154**



DO NOT WRITE IN THIS SPACE

<b>DOCUMENT # N99000004351</b>			
1. Entity Name <b>MUSEUM OF ART ANGELS, INC.</b>			
Principal Place of Business <b>TOURNESOL PLANTATION ROUTE 3 BOX 205 MONTICELLO FL 32344</b>		Mailing Address <b>TOURNESOL PLANTATION ROUTE 3 BOX 205 MONTICELLO FL 32344</b>	
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 <b>59-3598654</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>BROWN, JEFFREY % OERTEL, HOFFMAN, FERNANDEZ ETAL 301 S. BRONOUGH ST., STE. 500 TALLAHASSEE FL 32301</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW: FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	<b>D</b> <b>SCHRIEFFER, ANNE</b> <b>ROUTE 3 BOX 205, TOURNESOL PLANTATION</b> <b>MONTICELLO FL 32344</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WEST, JOAN WADSWORTH</b> <b>2808 RABBIT HILL RD.</b> <b>TALLAHASSEE FL 32312</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LOVANO-KERR, JESSIE</b> <b>3142 ORTEGA DRIVE</b> <b>TALLAHASSEE FL 32312</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>JONES, MIMI</b> <b>1713 SILVERWOOD DR.</b> <b>TALLAHASSEE FL 32301</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>KESSLER, MITZI</b> <b>512 SUMMERBROOKE DR.</b> <b>TALLAHASSEE FL 32312</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>Mitzi Kessler</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: <i>Jan. 9, 2001</i> Daytime Phone #: <i>(850) 668-3212</i>	

CR2E037 (10/00)