

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N99000004351**

1. Entity Name

**MUSEUM OF ART ANGELS, INC.**

**FILED**  
**Mar 31, 2002 8:00 am**  
**Secretary of State**

03-31-2002 90354 010 \*\*\*\*66.25

2001900

Principal Place of Business

**TOURNESOL PLANTATION  
ROUTE 3 BOX 205  
MONTICELLO FL 32344**

Mailing Address

**TOURNESOL PLANTATION  
ROUTE 3 BOX 205  
MONTICELLO FL 32344**

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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3598654**

Applied For

Not Applicable

Zip

Country

Zip

Country

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SCHRIEFFER, ANNE</b> <input type="checkbox"/> Delete <b>ROUTE 3 BOX 205, TOURNESOL PLANTATION MONTICELLO FL 32344</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>WEST, JOAN WADSWORTH</b> <b>2808 RABBIT HILL RD. TALLAHASSEE FL 32312</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>LOVANO-KERR, JESSIE</b> <b>3142-ORTEGA DRIVE TALLAHASSEE FL 32312</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input checked="" type="checkbox"/> Delete <b>JONES, MIMI</b> <b>1713 SILVERWOOD DR. TALLAHASSEE FL 32301</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>KESSLER, MITZI</b> <b>512 SUMMERBROOKE DR. TALLAHASSEE FL 32312</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>JEAN VON HOLNAR</b> <b>FERNS GLENN</b> <b>TALLAHASSEE, FL 32309</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>SANDRA SOLE</b> <b>6505 JAMAICA COURT</b> <b>TALLAHASSEE, FL 32309</b>
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"/> Change <input type="checkbox"/> Addition
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"/> 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:

*SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR*

**3-10-02**

**850-997-4152**

Date

Daytime Phone #

CF2E037 (9/01)