

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 18, 2002 8:00 am**  
**Secretary of State**

03-18-2002 90080 050 \*\*\*\*61.25

**DOCUMENT # N99000004874**

1. Entity Name

**FLORIDA STATE COMMITTEE OF THE NATIONAL MUSEUM OF WOMEN IN THE ARTS, INC.**

Principal Place of Business

RT. 3, BOX 205  
 MONTICELLO FL 32344

Mailing Address

RT. 3, BOX 205  
 MONTICELLO FL 32344

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3680162**

Applied For  
 Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**SCHRIEFFER, ANNA**  
**RT. 3, BOX 205**  
**MONTICELLO FL 32344**

7. Name and Address of New Registered Agent

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

*(Signature)* (no change) 3-6-02

**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

TITLE PD  
 NAME SCHRIEFFER, ANNA  
 STREET ADDRESS RT. 3, BOX 205  
 CITY-ST-ZIP MONTICELLO FL 32344 ☐ Delete

TITLE VPD  
 NAME WHITE, BEVERLY  
 STREET ADDRESS 3082 SHAMROCK NORTH  
 CITY-ST-ZIP TALLAHASSEE FL 32308 ☐ Delete

TITLE SD  
 NAME MOORE, MARY ANN  
 STREET ADDRESS 2179 MILLER LANDING RD  
 CITY-ST-ZIP TALLAHASSEE FL 32312 ☐ Delete

TITLE TD  
 NAME DADISMAN, MILDRED  
 STREET ADDRESS 1235 LIVE OAK PLANTATION  
 CITY-ST-ZIP TALLAHASSEE FL 32312 ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
 NAME  
 STREET ADDRESS 7318 W. Capps  
 CITY-ST-ZIP ☒ Change ☐ Addition

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

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

TITLE TO  
 NAME Sandra H. Sole  
 STREET ADDRESS 6405 Jamaica Ct.  
 CITY-ST-ZIP Tallahassee, FL 32309 ☒ Change ☐ Addition

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ 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)*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)