

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2001 8:00 am
Secretary of State
 05-01-2001 90001 011 ***150.00

039687

DOCUMENT # P97000070165

1. Entity Name
HISTORICAL ART MANAGEMENT, INC.

Principal Place of Business
801 LAUREL OAK DR
STE 710
NAPLES FL 34108
US

Mailing Address
801 LAUREL OAK DR
STE 710
NAPLES FL 34108
US

2. Principal Place of Business
3200 Tamiami Trail North

3. Mailing Address
3200 Tamiami Trail North

Suite, Apt. #, etc.
Suite 200

Suite, Apt. #, etc.
Suite 200

City & State
Naples, Florida

City & State
Naples, Florida

Zip
34108

Country
USA

Zip
34108

Country
USA

4. FEI Number **59-3465692**

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

GARNER, JOHN A
801 LAUREL OAK DR
STE 710
NAPLES FL 34108

7. Name and Address of New Registered Agent

Name
J. Christopher Lombardo

Street Address (P.O. Box Number is Not Acceptable)
3200 Tamiami Trail North,

Suite 200

City **Naples** **FL** Zip Code **34103**

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

4/23/01

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE
PD

NAME
LOMBARDO, J CHRISTOPHER

STREET ADDRESS
STE 710, 801 LAUREL OAK DR

CITY-ST-ZIP
NAPLES FL 34108

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
Suite 200, 3200 Tamiami Trail North

NAME
Naples, FL 34103

STREET ADDRESS
Naples, FL 34103

CITY-ST-ZIP
Naples, FL 34103

☒ Change ☐ Addition

TITLE
NAME

STREET ADDRESS
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CITY-ST-ZIP
NAME

☐ Change ☐ Addition

13. 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 687, Florida Statutes; and that my name appears in Block 11 or Block 12 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

4/23/01

Date

(941)649-6555

Daytime Phone #

CR2E034 (10/00)