

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 15, 2000 8:00 am
Secretary of State

09-15-2000 90012 007 ****61.25

DOCUMENT # 702292

1. Entity Name

THE NORTON GALLERY AND SCHOOL OF ART, INC.

R

Principal Place of Business

1451 SOUTH OLIVE AVENUE
 WEST PALM BEACH FL 33401

Mailing Address

1451 SOUTH OLIVE AVENUE
 WEST PALM BEACH FL 33401

A0078294



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

59-0624432

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

SNYDER, R. BRANT
1451 S. OLIVE AVE.
WEST PALM BEACH FL 33401

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.

X SIGNATURE *[Signature]*
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

9-7-2000

DATE

FILE NOW: FEE IS \$61.25

After September 13, 2000 min. will be \$236.25

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	TD	<input type="checkbox"/> Delete
NAME	CALER, WILLIAM K	
STREET ADDRESS	5058 SOUTH FLAGLER DR STE 900	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE	D	<input type="checkbox"/> Delete
NAME	SNYDER, R. BRANT	
STREET ADDRESS	1451 SOUTH OLIVE AVE	
CITY-ST-ZIP	W PALM BEACH FL	
TITLE	DP	<input type="checkbox"/> Delete
NAME	BENJAMIN, WILLIAM E	
STREET ADDRESS	1300 LANDS END ROAD	
CITY-ST-ZIP	MANALOPAN FL 33462	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCGRAW, JOHN L	
STREET ADDRESS	1601 NORTH ORANGE BLVD	
CITY-ST-ZIP	GULF STREAM FL 33483	
TITLE	DM	<input type="checkbox"/> Delete
NAME	ORR-CAHALL, CHRISTINA	
STREET ADDRESS	1451 SOUTH OLIVE AV	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	JAMES, KEITH A	
STREET ADDRESS	1655 PALM BEACH LAKES BLVD	
CITY-ST-ZIP	WEST PALM BCH FL 33401	

TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Anne Smith		
STREET ADDRESS	260 northwoods Rd		
CITY-ST-ZIP	Palm Beach, FL 33480		
TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Sally Soter		
STREET ADDRESS	198 Via Marina		
CITY-ST-ZIP	Palm Beach, FL 33480		
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

CR2E037 (5/00)

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: *CHRISTINA ORR-CAHALL*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

September 5, 2000 (561) 832-5196
 Date Daytime Phone #