2002 UNIFORM BUSINESS REPORT (UBR)

May 28, 2002 8:00 am Secretary of State **DOCUMENT # 702292** 1. Entity Name 05-28-2002 90700 022 ****61.25 THE NORTON GALLERY AND SCHOOL OF ART, INC. Principal Place of Business Mailing Address ¥Sf South Olive Avenue 1451 SOUTH OLIVE AVENUE PEST PALM BEACH FL 33401 WEST PALM BEACH FL 33401 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-0624432 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) ORR-CAHILL, CHRISTINA 1451 S. OLIVE AVE. WEST PALM BEACH FL 33401 Zip Code FL 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) 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE CR2E037 (9/01) ☐ Delete TITLE ☐ Addition ☐ Change NAME Caler, William K NAME 5058 SOUTH FLAGLER DR STE 900 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL 33401 CITY-ST-ZIP D PID TITLE ☐ Delete TITLE **X** Change ☐ Addition SMITH, ANNE NAME NAME STREET ADDRESS 260 NORTH WOODS ROAD STREET ADDRESS CITY-ST-ZIP PALM BEACH FL 33480 CITY-ST-7IP $\overline{V/D}$ TITLE Delete TITLE ☐ Addition Soler Sally 198 Via Marina SATER-SALLY-MAME NAME 198 VIA NARINER STREET ADDRESS STREET ADDRESS CITY-ST-7IP PALM BEACH FL 33480 CITY-ST-ZIP Beach, FL Delete ☐ Change TITLE TITLE Addition MCGRAW, JOHN L Johnston, Harry NAME NAME 505 S. Flagler Dr. # 1010 1601 NORTH ORANGE BLVD STREET ADDRESS STREET ADDRESS **GULF STREAM FL 33483** Palm Beach, CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition ORR-CAHALL, CHRISTINA NAME NAME 1451 SOUTH OLIVE AV STREET ADDRESS STREET ADDRESS WEST PALM BEACH FL CITY-ST-ZIP CITY-ST-ZIP TITLE X Delete 5/D TITLE **Addition** ☐ Change James, Keith a Maurer, Gil NAME NAME STREET ADDRESS 1655 PALM BEACH LAKES BLVD STREET ADDRESS P.O. BOX 1171 CITY-ST-ZIP WEST PALM BCH FL 33401 CITY-ST-7IP Beach 33480

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: Christian One Catalog Signature and typed or printed name of signing officer or director

4/29/02

561-832-5196

Dautima Phone #

FILED