

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2000 8:00 am
Secretary of State

05-10-2000 90102 028 ****61.25

DOCUMENT # 743462

1. Entity Name

PALM BEACH COUNTY CULTURAL COUNCIL, INC.

Principal Place of Business

Mailing Address

1555 PALM BEACH LAKES BLVD
 #1414
 WEST PALM BEACH FL 33401-2328
 US

1555 PALM BEACH LAKES BLVD
 #1414
 WEST PALM BEACH FL 33401-2329
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1862336

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RAY, WILLIAM E
~~140 PAMELA LANE~~ 215 Lake Worth Avenue
~~WEST PALM BEACH FL 33405~~ Lantana FL 33462

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 **PD** Delete
 NAME **RAY, WILLIAM E.**
 STREET ADDRESS **1555 PALM BEACH LAKES BLVD, STE 1414**
 CITY-ST-ZIP **WEST PALM BEACH FL**

TITLE **SD** Change Addition
 NAME **Kramer, William L.**
 STREET ADDRESS **P.O. Box 666**
 CITY-ST-ZIP **Belle Glade FL 33430**

TITLE **VCD** Delete
 NAME **LOWE, CATHERINE MD**
 STREET ADDRESS **5305 GREENWOOD AVE #101**
 CITY-ST-ZIP **WEST PALM BEACH FL**

TITLE **CD** Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **CD** Delete
 NAME **MULLENS, JEFFERY**
 STREET ADDRESS **777 SOUTH FLAGLER DR #1900 W**
 CITY-ST-ZIP **WEST PALM BEACH FL**

TITLE **TD** Change Addition
 NAME **Gildan, Laurie**
 STREET ADDRESS **777 South Flagler Drive #310E**
 CITY-ST-ZIP **West Palm Beach FL 33401**

TITLE **SD** Delete
 NAME **HARRIS, SUSAN E**
 STREET ADDRESS **ONE TOWN CENTER RD**
 CITY-ST-ZIP **BOCA RATON FL**

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP Change Addition

TITLE **TD** Delete
 NAME **LARMOYEU, CHRISTOPHER M**
 STREET ADDRESS **1016 CLEARWATER PLACE**
 CITY-ST-ZIP **WEST PALM BEACH FL 33401**

TITLE **VCD** Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: *Boyd* **REQUIRE BOYD - VICE PRES 4/27/00 471-2901**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)