

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 19, 2001 8:00 am  
Secretary of State

02-19-2001 90263 030 \*\*\*\*61.25

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DOCUMENT # 743462

1. Entity Name

PALM BEACH COUNTY CULTURAL COUNCIL, INC.

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1862336

Applied For

Not Applicable

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

RAY, WILLIAM E  
215 LAKE WORTH AVE  
LAKE WORTH 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

William E. Ray

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

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

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

TITLE D  
NAME KRANER, WILLIAM L ☐ Delete  
STREET ADDRESS P.O. BOX 666  
CITY-ST-ZIP BELLE GLADE FL 33430

TITLE D  
NAME GLIDAN, LAURIE ☐ Delete  
STREET ADDRESS 777 SOUTH FLAGLER DR #3108  
CITY-ST-ZIP WEST PALM BEACH FL 33401

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE C  
NAME LOWE, CATHERINE MD ☐ Change ☐ Addition  
STREET ADDRESS 5305 GREENWOOD AVENUE #101  
CITY-ST-ZIP WEST PALM BEACH, FL 33407

TITLE T  
NAME KRANER, WILLIAM L ☒ Change ☐ Addition  
STREET ADDRESS PO BOX 666  
CITY-ST-ZIP BELLE GLADE, FL 33430

TITLE S  
NAME GLIDAN, LAURIE ☒ Change ☐ Addition  
STREET ADDRESS 777 SOUTH FLAGLER DR #3108  
CITY-ST-ZIP WEST PALM BEACH, FL 33401

TITLE VO  
NAME LARMOYEUX, CHRISTOPHER M ☒ Change ☐ Addition  
STREET ADDRESS 1016 CLEARWATER PLACE  
CITY-ST-ZIP WEST PALM BEACH, FL 33401

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/01

Date

Daytime Phone #

CR2E037 (10/00)