

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2002 8:00 am
Secretary of State

01-16-2002 90251 031 ****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 33401-2328
 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

Signature, typed or printed name of registered agent and not 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 ☐ Delete
 NAME **RAY, WILLIAM E.**
 STREET ADDRESS **1555 PALM BEACH LAKES BLVD, STE 1414**
 CITY-ST-ZIP **WEST PALM BEACH FL**

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

TITLE ☒ Delete
 NAME **LOWE, CATHERINE MD**
 STREET ADDRESS **5305 GREENWOOD AVENUE #101**
 CITY-ST-ZIP **WEST PALM BEACH FL 33407**

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

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

TITLE ☒ Change ☐ Addition
 NAME **TD**
 STREET ADDRESS
 CITY-ST-ZIP

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

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

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

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME **SD**
 STREET ADDRESS **Marta Batmasian**
 CITY-ST-ZIP **215 North Federal Highway #3**
Boca Raton, Florida 33432

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

1/9/02 (921) 471-2902

Date

Daytime Phone #

CR2E037 (9/01)