

2000 UNIFORM BUSINESS REPORT (UBR)

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

02-15-2000 90048 034 ****61.25

DOCUMENT # 763790

1. Entity Name

THE RAYMOND F. KRAVIS CENTER FOR THE PERFORMING, ARTS INC.

Principal Place of Business

Mailing Address

701 OKEECHOBEE BLVD.
 W PALM BEACH FL 33401

701 OKEECHOBEE BLVD.
 W PALM BEACH FL 33401-6323

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

59-2245054

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

MOYLE, JON
625 NORTH FLAGLER DR.
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.

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 Delete
 NAME **VCD**
 STREET ADDRESS **MONTGOMERY, ROBERT M JR**
 CITY-ST-ZIP **1016 CLEARWATER PLACE**
W PALM BEACH FL

TITLE Change Addition
 NAME **D**
 STREET ADDRESS **Montgomery Robert M JR**
 CITY-ST-ZIP **1016 Clearwater Place**
W Palm Beach FL

TITLE Delete
 NAME **CD**
 STREET ADDRESS **DREYFOOS, ALEXANDER W JR**
 CITY-ST-ZIP **505 S FLAGLER DRIVE SUITE 1450**
WEST PALM BECH FL

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

TITLE Delete
 NAME **VCD**
 STREET ADDRESS **GINN, SHANNON R.**
 CITY-ST-ZIP **701 US HIGHWAY 1 ST. 105**
NORTH PALM BEACH FL

TITLE Change Addition
 NAME **VCD**
 STREET ADDRESS **Michel, George J. JR**
 CITY-ST-ZIP **310 Mediterranean Rd.**
Palm Beach FL 33480

TITLE Delete
 NAME **D**
 STREET ADDRESS **BROGAN, JOHN J.**
 CITY-ST-ZIP **400 N FLAGLER DRIVE, SUITE 1905**
WEST PALM BEACH FL 33401

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

TITLE Delete
 NAME **D**
 STREET ADDRESS **DAVIS, LEONARD**
 CITY-ST-ZIP **120 CASA BENDITA**
PALM BEACH FL

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

TITLE Delete
 NAME **TD**
 STREET ADDRESS **BANK, MERRILL L.**
 CITY-ST-ZIP **200 BRADLEY PLACE, #305**
PALM BEACH FL

TITLE Change Addition
 NAME **D**
 STREET ADDRESS **Bank, Merrill L.**
 CITY-ST-ZIP **200 Bradley Place # 305**
Palm Beach FL

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** *Robert M. Montgomery, CFO* Date: **2/11/00** Daytime Phone #: **(561) 833-8300**



DO NOT WRITE IN THIS SPACE