

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01535

1. Entity Name

CRESTWOOD PERFORMING ARTS LEAGUE, INC.

FILED  
Apr 26, 2001 8:00 am  
Secretary of State

04-26-2001 90097 037 \*\*\*\*61.25

0051254

Principal Place of Business

ROYAL PALM BCH. CULTURAL CENTER  
151 CIVIC CENTER WAY  
ROYAL PALM BEACH FL 33411  
US

Mailing Address

CRESTWOOD PERFORMING ARTS LEAGUE  
P.O. BOX 210336  
ROYAL PALM BEACH FL 33421  
US

00052064



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

ROYAL PALM BEACH HIGH SCHOOL

Suite, Apt. #, etc.

10600 OKEECHOBEE BLVD

City & State

ROYAL PALM BEACH

Zip

FI 33411

Country

USA

3. Mailing Address

AS ABOVE

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2662600

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

GOLDBERG, BONNIE O  
198 NATCHEZ TRACE  
ROYAL PALM BEACH FL 33411

7. Name and Address of New Registered Agent

Name

NIELSEN, RICHARD

Street Address (P.O. Box Number is Not Acceptable)

127 SANTIAGO ST.

ROYAL PALM BEACH

City

FL

Zip Code

33411

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]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/18/2001

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 NAME STREET ADDRESS CITY-ST-ZIP	RS MORRISON, FITZ 129 CORDOBA CIRCLE ROYAL PALM BCH FL 33411	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GOLDBERG, BONNIE 198 NATCHEZ TRACE ROYAL PALM BEACH FL 33411	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NIELSEN, RICHARD 127 SANTIAGO ST ROYAL PALM BCH FL 33411	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SC WILSON, HYACINTH 1505 LAKE VIEW DR ROYAL PALM BCH FL 33411	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ALPERT, FLORENCE 12021 W. GREENWAY DR ROYAL PALM BCH FL 33411	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ATD LEE, BERK 12011 W. POINCIANA BLVD. #106 ROYAL PALM BEACH FL 33411	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HUGHES, DOLLY 117 DERBY LANE ROYAL PALM BEACH, FL 33411	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WILSON, HYACINTH 1505 LAKEVIEW DR. ROYAL PALM BEACH, FL 33411	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SC PEG RYAN 331 PENNINGTON COURT ROYAL PALM BEACH, FL 33411	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/2001 (561) 753-4974

Date

Daytime Phone #

CR2E037 (10/00)