

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 18, 2003 8:00 am**  
**Secretary of State**

04-18-2003 90155 016 \*\*\*\*61.25

**DOCUMENT # N01535**

1. Entity Name

**CRESTWOOD PERFORMING ARTS LEAGUE, INC.**



Principal Place of Business

**ROYAL PALM BEACH HIGH SCHOOL  
10600 OKEECHOBEE BLVD  
ROYAL PALM BEACH FL 33411  
US**

Mailing Address

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

2. Principal Place of Business

*As above*

3. Mailing Address

*As ABOVE*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2662600**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**NIELSEN, RICHARD  
152 KAPOK CRESCENT  
ROYAL PALM BEACH FL 33411**

7. Name and Address of New Registered Agent

Name

**HUGHES, ELVIRA**

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

**117 DERBY LANE**

City

**ROYAL PALM BEACH**

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Elvira Hughes*

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

(NOTE: Registered Agent signature required when reinstating)

**4/14/03**

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **RS** ☐ Delete  
NAME **MORRISON, FITZ**  
STREET ADDRESS **129 CORDOBA CIRCLE**  
CITY-ST-ZIP **ROYAL PALM BCH FL 33411**

TITLE **VD** ☐ Delete  
NAME **HUGHES, DOLLY**  
STREET ADDRESS **117 DERBY LANE**  
CITY-ST-ZIP **ROYAL PALM BEACH FL 33411**

TITLE **PD** ☒ Delete  
NAME **NIELSEN, RICHARD**  
STREET ADDRESS **152 KAPOK CRESCENT**  
CITY-ST-ZIP **ROYAL PALM BEACH FL 33411**

TITLE **TD** ☐ Delete  
NAME **WILSON, HYACINTH**  
STREET ADDRESS **1505 LAKE VIEW DR.**  
CITY-ST-ZIP **ROYAL PALM BCH FL 33411**

TITLE **SC** ☒ Delete  
NAME **RYAN, PEG**  
STREET ADDRESS **331 PENNINGTON COURT**  
CITY-ST-ZIP **ROYAL PALM BCH FL 33411**

TITLE **ATD** ☒ Delete  
NAME **LEE, BERK**  
STREET ADDRESS **117 RAMBLEWOOD CIRCLE**  
CITY-ST-ZIP **ROYAL PALM BEACH FL 33411**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE **PD** ☒ Change ☐ Addition  
NAME **HUGHES, ELVIRA**  
STREET ADDRESS **117 DERBY LANE**  
CITY-ST-ZIP **ROYAL PALM BEACH, FL 33411**

TITLE **VD** ☐ Change ☒ Addition  
NAME **ULRICH, CLOVER**  
STREET ADDRESS **7080 GILA LANE**  
CITY-ST-ZIP **WEST PALM BEACH, FL 33411**

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

TITLE **SC** ☐ Change ☒ Addition  
NAME **RUBIN, ESTELLE**  
STREET ADDRESS **1801 CORSICA DRIVE**  
CITY-ST-ZIP **WELLINGTON, FL 33414**

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**

*Elvira Hughes*

**561-793-2984**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E037 (10/02)