

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 701378

1. Entity Name

BEAUX ARTS OF MUSEUM OF ART, INC., FORT LAUDERDALE

FILED
Jul 13, 2000 8:00 am
Secretary of State

04-25-2000 90140 025 ****61.25

Principal Place of Business

Mailing Address

ONE EAST LAS OLAS BLVD.
FT LAUDERDALE FL 33301

ONE EAST LAS OLAS BLVD.
FT LAUDERDALE FLA 33301-1807

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

59-6138952

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FIRTH, MOLLY
8 SENECA RD
SEA RANCH LAKES FL 33308

Name: Kathryn Young Glenewinkel
Street Address (P.O. Box Number is Not Acceptable)

2333 Desota Drive

City Fort Lauderdale FL Zip Code 33301

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 VPD ☒ Delete
NAME YOUNG, KATHRYN
STREET ADDRESS 2880 NE 26TH TERR
CITY-ST-ZIP FORT LAUDERDALE FL 33306

TITLE VPD ☒ Change ☐ Addition
NAME Susan Holden
STREET ADDRESS 1126 SE 7 Street
CITY-ST-ZIP Fort Lauderdale FL 33301

TITLE TD ☒ Delete
NAME ROSENBAUM, DEBORAH
STREET ADDRESS 4310 NE 25 AVE
CITY-ST-ZIP FORT LAUDERDALE FL 33308

TITLE TD ☒ Change ☐ Addition
NAME michele koontz-kesian
STREET ADDRESS 2310 NW 37 Way
CITY-ST-ZIP Coconut Creek FL 33066

TITLE ☐ Delete
NAME KOONTZ-KESIAN, MICHELE
STREET ADDRESS 2310 NW 37TH WAY
CITY-ST-ZIP COCONUT CREEK FL 33066

TITLE ☒ Change ☐ Addition
NAME Holly Moody
STREET ADDRESS 2590 NE 43 Street
CITY-ST-ZIP Fort Lauderdale FL 33308

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/19/00 (954) 468-1503

CR2E037 (9/98)