

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2002 8:00 am
Secretary of State

05-05-2002 90075 009 ****61.25

844743



DO NOT WRITE IN THIS SPACE

DOCUMENT # 701378

1. Entity Name

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

Principal Place of Business

Mailing Address

**ONE EAST LAS OLAS BLVD.
 FORT LAUDERDALE FL 33301**

**ONE EAST LAS OLAS BLVD.
 FORT LAUDERDALE FL 33301**

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MOODY, HOLLY E

**2900 E. OAKLAND PK BLVD
 FORT LAUDERDALE FL 33316**

Name

EMILY J. TOLLE

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

**2501 N.E. 12 COURT
 FORT LAUDERDALE**

City

FL

Zip Code

33304

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

Emily J. Tolle

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	PD	☒ Delete
NAME	HOLDER, SUSAN	
STREET ADDRESS	1126 SE 7TH ST	
CITY-ST-ZIP	FORT LAUDERDALE FL 33301	
TITLE	DVP	☒ Delete
NAME	GREEP, KARYN	
STREET ADDRESS	1933 NE 27TH ST	
CITY-ST-ZIP	FORT LAUDERDALE FL 33306	
TITLE	TD	☒ Delete
NAME	MOODY, HOLLY	
STREET ADDRESS	14 WINNEBAGO RD	
CITY-ST-ZIP	SEA RANCH LAKES FL 33306	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	☐ Change ☒ Addition
NAME	GREEP, KARYN	
STREET ADDRESS	2725 NE 26 Terr.	
CITY-ST-ZIP	Ft. Lauderdale, FL 33306	
TITLE	DVP	☐ Change ☒ Addition
NAME	FRENCH, BETH	
STREET ADDRESS	404 Bunkelton Drive	
CITY-ST-ZIP	Fort Lauderdale, FL 33316	
TITLE	TD	☐ Change ☒ Addition
NAME	TOLLE, EMILY	
STREET ADDRESS	2501 NE 12 COURT	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33304	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E037 (9/01)

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:

Emily J. Tolle 1/21/02 954 566 7417