

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Jul 03, 2001 08:00 AM****Secretary of State****DOCUMENT # 726878****1. Entity Name**

BOCA RATON MUSEUM OF ART, INC.

**Principal Place of Business****Mailing Address**

801 WEST PALMETTO PARK ROAD

801 WEST PALMETTO PARK ROAD

BOCA RATON FL  
334863563BOCA RATON FL  
334863563**2. Principal Place of Business**

501 PLAZA REAL

**3. Mailing Address**

501 PLAZA REAL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

**City & State**

BOCA RATON FL

**City & State**

BOCA RATON FL

**4. FEI Number****59-6019851****Applied For**

Not Applicable

Zip  
33432

Country

Zip  
33432

Country

**5. Certificate of Status Desired** ☐**\$8.75 Additional  
Fee Required****6. Name and Address of Current Registered Agent**BOLGE GEORGE  
801 W PALMETTO PK RDBOCA RATON FL  
33486 US**7. Name and Address of New Registered Agent**Name  
BOLGE GEORGEStreet Address (P.O. Box Number is Not Acceptable)  
501 PLAZA REALCity  
BOCA RATON FL Zip Code  
33432**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 \_\_\_\_\_ **07/03/2001**

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

(NOTE: Registered Agent signature required when reinstalling)

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	VT	<input type="checkbox"/> Delete
NAME	SPENCE JEAN	
STREET ADDRESS	1220 N OCEAN BLVD	
CITY-ST-ZIP	GULF STREAM FL	
TITLE	VT	<input type="checkbox"/> Delete
NAME	POMERANZ MARLENE	
STREET ADDRESS	10068 HARBORTOWN CT	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	TRT	<input type="checkbox"/> Delete
NAME	MINTZ LOREN	
STREET ADDRESS	2220 NW 62ND DRIVE	
CITY-ST-ZIP	BOCA RATON FL 33496	
TITLE	T	<input type="checkbox"/> Delete
NAME	WOLGIN, DR. WILLIAM	
STREET ADDRESS	3450 NW 24TH COURT	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	SUGARMAN HARRY	
STREET ADDRESS	2407 NW 61ST DIAGONAL	
CITY-ST-ZIP	BOCA RATON FL 33496	
TITLE	PT	<input type="checkbox"/> Delete
NAME	BORROW J	
STREET ADDRESS	4105 GEORGES WAY	
CITY-ST-ZIP	BOCA RATON FL 33434	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUBIN PHYLLIS	
STREET ADDRESS	17096 DARLINGTON COURT	
CITY-ST-ZIP	BOCA RATON FL 33496	
TITLE	PT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOLGIN, DR. WILLIAM	
STREET ADDRESS	3450 NW 24TH COURT	
CITY-ST-ZIP	BOCA RATON FL	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BORROW J	
STREET ADDRESS	4105 GEORGES WAY	
CITY-ST-ZIP	BOCA RATON FL 33434	

**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: DR. WILLIAM WOLGIN**

P

**07/03/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)