

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 739540

1. Entity Name

BEAUX ARTS ASSOCIATES OF MUSEUM ART, INC., FORT

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

05-13-2000 90007 041 ****61.25

Principal Place of Business

Mailing Address

ONE E. LAS OLAS BLVD.
FT. LAUDERDALE FL 33301

ONE E. LAS OLAS BLVD.
FT. LAUDERDALE FL 33301-1807

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1766006

Applied For

Not Applicable

Zip

Country

Zip

Country

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

BOATRIGHT, SUE ELLEN
C/O MUSEUM OF ART
1 EAST LAS OLAS BLVD.
FT. LAUDERDALE FL 33301

Name

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

City

FL

Zip Code

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 PD ☒ Delete
NAME IRWIN, LINDA H
STREET ADDRESS 2570 RIVERLANE TERR
CITY-ST-ZIP FT. LAUDERDALE FL 33312

TITLE PD ☐ Change ☒ Addition
NAME MADDY SULLIVAN
STREET ADDRESS 4730 NE 25 AVE
CITY-ST-ZIP FT. LAUDERDALE, FL 33308

TITLE VD ☒ Delete
NAME SHEPARD, NANCY
STREET ADDRESS 651 INTRACOASTAL DR
CITY-ST-ZIP FT. LAUDERDALE FL 33304

TITLE VD ☐ Change ☒ Addition
NAME JEAN DAVIS
STREET ADDRESS 804 CYPRESS BLVD Apt 505
CITY-ST-ZIP POMPANO BEACH, FL 33069

TITLE SD ☒ Delete
NAME STEPHENS, MOLLY
STREET ADDRESS 2600 NE 40 ST
CITY-ST-ZIP FT. LAUDERDALE FL 33308

TITLE SD ☐ Change ☒ Addition
NAME ANDREA BECK
STREET ADDRESS 2600 DEIMAR PLACE
CITY-ST-ZIP FT. LAUDERDALE, FL 33301

TITLE TD ☒ Delete
NAME GRANT, DARLENE
STREET ADDRESS 2784 NE 24 ST
CITY-ST-ZIP LIGHTHOUSE POINT FL 33064

TITLE TD ☐ Change ☒ Addition
NAME JEAN SORENSEN
STREET ADDRESS 715 CORDOVA ROAD
CITY-ST-ZIP FT. LAUDERDALE, FL 33316

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)(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:

Darlene Grant
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #