

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2002 8:00 am
Secretary of State
 05-23-2002 90019 048 ***150.00

0016147 AR

DOCUMENT # F01000006054

1. Entity Name
BARRY KAYE ASSOCIATES, INC.

Principal Place of Business
 5100 TOWN CENTER CIRCLE, SUITE 440, TWR II
 BOCA RATON FL 33486

Mailing Address
 C/O NATIONAL FINANCIAL PARTNERS CORP.
 787 SEVENTH AVE., 49TH FLOOR
 NEW YORK NY 10019

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 CIONFP, 500 W. Madison
 Suite 3650
 Chicago, IL
 Zip 60661 Country USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 13-4043375 **Applied For**
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent
 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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **FILE NOW!!! FEE IS \$150.00**
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PTD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KAYE, BARRY		NAME		
STREET ADDRESS	787 SEVENTH AVE., 49TH FLOOR		STREET ADDRESS	5100 Town Center Circle, Suite 440, TWR II	
CITY-ST-ZIP	NEW YORK NY 10019		CITY-ST-ZIP	Boca Raton, FL 33486	
TITLE	VS	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KAYE, CAROLE		NAME		
STREET ADDRESS	787 SEVENTH AVE., 49TH FLOOR		STREET ADDRESS	5100 Town Center Circle, Suite 440, TWR II	
CITY-ST-ZIP	NEW YORK NY 10019		CITY-ST-ZIP	Boca Raton, FL 33486	
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CAMPBELL, ROSS		NAME		
STREET ADDRESS	787 SEVENTH AVE., 49TH FLOOR		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY 10019		CITY-ST-ZIP		
TITLE	VAS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HAMMOND, DOUGLAS W		NAME		
STREET ADDRESS	787 SEVENTH AVE., 49TH FLOOR		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY 10019		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LEISER, LORI		NAME	Vice President	
STREET ADDRESS	787 SEVENTH AVE., 49TH FLOOR		STREET ADDRESS	500 W. Madison, Suite 3650	
CITY-ST-ZIP	NEW YORK NY 10019		CITY-ST-ZIP	Chicago, IL 60661	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KAYE, ALAN L		NAME		
STREET ADDRESS	787 SEVENTH AVE., 49TH FLOOR		STREET ADDRESS	1901 Avenue of the Stars, Suite 500	
CITY-ST-ZIP	NEW YORK NY 10019		CITY-ST-ZIP	Los Angeles, CA 90067	

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: LORI M. LEISER **04/26/02** **312-985-5100**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)