

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90214 012 ***150.00

DOCUMENT # F01000006054

1. Entity Name
BARRY KAYE ASSOCIATES, INC.



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

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



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04262004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

13-4043375

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

**CT CORPORATION SYSTEM
C/O CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION, FL 33324**

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. I am familiar with, and accept the obligations of registered agent.

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 \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PTD** ☐ Delete
NAME **KAYE, BARRY**
STREET ADDRESS **5100 TOWN CENTER CIRCLE, STE 440, TWR II**
CITY-ST-ZIP **BOCA RATON, FL 33486**

TITLE **VS** ☐ Delete
NAME **KAYE, CAROLE**
STREET ADDRESS **5100 TOWN CENTER CIRCLE, STE 440, TWR II**
CITY-ST-ZIP **BOCA RATON, FL 33486**

TITLE **VAS** ☐ Delete
NAME **HAMMOND, DOUGLAS W**
STREET ADDRESS **787 SEVENTH AVE., 49TH FLOOR**
CITY-ST-ZIP **NEW YORK, NY 10019**

TITLE **VP** ☐ Delete
NAME **LEISER, LORI**
STREET ADDRESS **500 W MADISON, SUITE 3650**
CITY-ST-ZIP **CHICAGO, IL 60661**

TITLE **D** ☐ Delete
NAME **KAYE, ALAN L**
STREET ADDRESS **1901 AVENUE OF THE STARS, SUITE 500**
CITY-ST-ZIP **LOS ANGELES, CA 90067**

TITLE **D** ☐ Delete
NAME **BECKER, LAWERENCE**
STREET ADDRESS **787 SEVENTH AVENUE 49TH FLOOR**
CITY-ST-ZIP **NEW YORK, NY 10019**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE ☒ Change ☐ Addition
NAME **D Robert Zuccaro**
STREET ADDRESS **787 Seventh Avenue, 49th Floor**
CITY-ST-ZIP **New York, NY 10019**

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 607, 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 #

4-27-04

312-985-5700