

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91420 002 ***150.00

0651695 AT

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.
500 W MADISON, SUITE 3650
CHICAGO IL 60661**



2. Principal Place of Business

3. Mailing Address

CIO NFP CORP.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

787 Seventh Ave, 49th Fl

City & State

City & State

New York NY

Zip

Country

Zip

Country

10019

USA

☐ CHECK HERE IF MAKING CHANGES

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

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, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

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

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

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

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

TITLE ☐ Delete
NAME ☐ Delete
STREET ADDRESS ☐ Delete
CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☒ Addition
NAME **Director Lawrence Becker**
STREET ADDRESS **787 Seventh Ave, 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: **LORI M. LIESE** **LORI M. Lieser, Vice President 312-985-5100**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)