

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 22, 2000 8:00 am
Secretary of State

03-22-2000 90091 007 ****61.25

DOCUMENT # N01535

1. Entity Name

CRESTWOOD PERFORMING ARTS LEAGUE, INC.

Principal Place of Business

Mailing Address

**ROYAL PALM BCH. CULTURAL CENTER
 151 CIVIC CENTER WAY
 ROYAL PALM BEACH FL 33411
 US**

**CRESTWOOD PERFORMING ARTS LEAGUE
 P.O. BOX 210336
 ROYAL PALM BEACH FL 33421-0336
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2662600

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GOLDBERG, BONNIE O
 198 NATCHEZ TRACE
 ROYAL PALM BEACH FL 33411**

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 **RS** Delete
 NAME **MORRISON, FITZ**
 STREET ADDRESS **129 CORDOBA CIRCLE**
 CITY-ST-ZIP **ROYAL PALM BCH FL 33411**

TITLE **AT/D** Change Addition
 NAME **BERK, LEE**
 STREET ADDRESS **13011 W. POINCIANNA BLVD #106**
 CITY-ST-ZIP **ROYAL PALM BEACH, FL 33411**

TITLE **VD** Delete
 NAME **GOLDBERG, BONNIE**
 STREET ADDRESS **198 NATCHEZ TRACE**
 CITY-ST-ZIP **ROYAL PALM BEACH FL 33411**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **PD** Delete
 NAME **NIELSEN, RICHARD**
 STREET ADDRESS **127 SANTIAGO ST**
 CITY-ST-ZIP **ROYAL PALM BCH FL 33411**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SC** Delete
 NAME **WILSON, HYACINTH**
 STREET ADDRESS **1505 LAKE VIEW DR**
 CITY-ST-ZIP **ROYAL PALM BCH FL 33411**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TD** Delete
 NAME **ALPERT, FLORENCE**
 STREET ADDRESS **12021 W. GREENWAY DR**
 CITY-ST-ZIP **ROYAL PALM BCH FL 33411**

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: *Florence Alpert* **FLORENCE ALPERT** 3/17/00 (561) 793-5958
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)