

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2001 8:00 am
Secretary of State

0051254

DOCUMENT # N01535

1. Entity Name

CRESTWOOD PERFORMING ARTS LEAGUE, INC.

04-26-2001 90097 037 ****61.25

Principal Place of Business ROYAL PALM BCH. CULTURAL CENTER 151 CIVIC CENTER WAY ROYAL PALM BEACH FL 33411 US	Mailing Address CRESTWOOD PERFORMING ARTS LEAGUE P.O. BOX 210336 ROYAL PALM BEACH FL 33421 US
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00052064



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business ROYAL PALM BEACH HIGH SCHOOL	3. Mailing Address AS ABOVE
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Suite, Apt. #, etc. 10600 OKEECHOBEE BLVD	Suite, Apt. #, etc.
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City & State ROYAL PALM BEACH	City & State
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4. FEI Number 59-2662600	Applied For <input type="checkbox"/> Not Applicable
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Zip FI 33411	Country USA	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent
 Name
NIELSEN, RICHARD
 Street Address (P.O. Box Number is Not Acceptable)
127 SANTIAGO ST.
ROYAL PALM BEACH
 City
FL Zip Code
33411

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  DATE **4/18/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY - ST - ZIP	RS MORRISON, FITZ 129 CORDOBA CIRCLE ROYAL PALM BCH FL 33411	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD GOLDBERG, BONNIE 198 NATCHEZ TRACE ROYAL PALM BEACH FL 33411	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD NIELSEN, RICHARD 127 SANTIAGO ST ROYAL PALM BCH FL 33411	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SC WILSON, HYACINTH 1505 LAKE VIEW DR ROYAL PALM BCH FL 33411	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD ALPERT, FLORENCE 12021 W. GREENWAY DR ROYAL PALM BCH FL 33411	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ATD LEE, BERK 12011 W. POINCIANA BLVD. #106 ROYAL PALM BEACH FL 33411	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD HUGHES, DOLLY 117 DERBY LANE ROYAL PALM BEACH, FL 33411	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD WILSON, HYACINTH 1505 LAKEVIEW DR. ROYAL PALM BEACH, FL 33411	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SC PEG RYAN 331 PENNINGTON COURT ROYAL PALM BEACH, FL 33411	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  DATE **4/18/2001** (561) 753-4974
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)