

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State

05-29-2002 90687 043 ****70.00

DOCUMENT # N51306

1. Entity Name

FOLKLORIC ARTISTS OF THE PALM BEACHES, INC.

Principal Place of Business

**525 5TH TERRACE
 PALM BEACH GARDENS FL 33418
 US**

Mailing Address

**525 5TH TERRACE
 PALM BEACH GARDENS FL 33418
 US**

2. Principal Place of Business

525 5th terrace
 Suite, Apt. #, etc.

3. Mailing Address

same as above
 Suite, Apt. #, etc.

City & State

Palm Beach Gardens FL

City & State

Palm Beach Gardens FL

4. FEI Number

65-0377994

Applied For

Not Applicable

Zip

Country

33418

FL

Zip

33418

Country

FL

5. Certificate of Status Desired

☒

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**LAPSKER, MARTIN
 1201 US HWY 1
 SUITE 240-C
 NORTH PALM BEACH FL 33408**

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

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

TITLE	PTD	<input type="checkbox"/> Delete
NAME	LAPSKER, JOYCE J.	
STREET ADDRESS	525 5TH TERRACE	
CITY-ST-ZIP	PALM BCH GARDENS FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	HAUSMAN, SHAREN	
STREET ADDRESS	395 SILVERTHORNE POINT NE	
CITY-ST-ZIP	LAWRENCEVILLE GA	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HENNIS, NANCY	
STREET ADDRESS	303 OLD MEADOW WAY	
CITY-ST-ZIP	PALM BEACH GARDENS FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

Signature of Joyce J. Lapsker
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/29/02 (561)627-0785

Date

Daytime Phone #

CR2E037 (9/01)