

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 09, 2002 8:00 am
Secretary of State

06-20-2002 90058 022 ****61.25

DOCUMENT # N95000000584

1. Entity Name

ARTISTS SHOWCASE OF THE PALM BEACHES, INC.

Principal Place of Business

Mailing Address

815 PALM BEACH LAKES BLVD.
 WEST PALM BEACH FL

PO BOX 158
 WEST PALM BEACH FL 33402



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

815 Palm Beach Lakes
 Suite, Apt. #, etc.

P.O. Box 158
 Suite, Apt. #, etc.

City & State

City & State

West Palm Beach, FL

West Palm Beach, FL

4. FEI Number

65-0560738

Applied For

Not Applicable

Zip

Country

Zip

Country

33401 USA

USA

33402

USA

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

LOWE, CATHERINE
 5305 GREENWOOD AVE
 SUITE 101
 WEST PALM BEACH FL 33407

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

After September 13, 2002,
 min. will be \$236.25.

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 D ☐ Delete
 NAME LOWE, CATHERINE
 STREET ADDRESS 5305 GREENWOOD AVENUE, SUITE 101
 CITY-ST-ZIP WEST PALM BEACH FL 33407

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

TITLE D ☐ Delete
 NAME CLAYTON, JOHN
 STREET ADDRESS 1015 ADAMS ST
 CITY-ST-ZIP WEST PALM BEACH FL 33407

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

TITLE D ☐ Delete
 NAME DEBBYE RAING
 STREET ADDRESS 3372 FOREST HILL BLVD #B101
 CITY-ST-ZIP W PALM BCH FL 33406

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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 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:

SIGNATURE REQUIRED

CR2E037 (4/02)

NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N950000000504**

1. Entry Name

Artists Showcase of the Palm Beaches, Inc.**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

815 Palm Beach Lakes Blvd.

3. Mailing Address

P.O. BOX 158

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

West Palm Beach, FL

City & State

West Palm Beach, FL

4. FEI Number

65-0560738

Applied For

Not Applicable

Zip

33401

Country

USA

Zip

33402

Country

USA5. Certificate of Status Desired ☐**\$8.75 Additional Fee Required**

7. Name and Address of Current Registered Agent

Name

Catherine Lowe

Street Address (P.O. Box Number is Not Acceptable)

3305 Greenwood Avenue**Suite 101**

City

West Palm Beach, FL

Zip Code

33407**DO NOT WRITE IN THIS SPACE**

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 re-registering)

DATE

FEE IS \$61.25

Initial or Amended UBR

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
NAME
STREET ADDRESS
CITY-ST-ZIP**PRESIDENT
Catherine Lowe, M.D.
3305 Greenwood Avenue, Suite 101
West Palm Beach, FL 33407**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**TREASURER
Anthony James
6556 N.W. 127th Avenue
Parkland, FL 33076**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**SECRETARY
Andrea Peppers
11201 Gables Road
Boca Raton, FL 33498**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
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CITY-ST-ZIP**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 on an attachment with an address, with all other like empowered.

SIGNATURE



Attachment
38111

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

June 24, 2002

ARTISTS SHOWCASE OF THE PALM BEACHES, INC.
PO BOX 158
WEST PALM BEACH, FL 33402

Subject: **ARTISTS SHOWCASE OF THE PALM BEACHES, INC.**

Reference Number: **N95000000584**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$61.25; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Florida nonprofit corporations are required to have at least 3 directors or trustees. Please place the letter "D" or "T" beside the names and business addresses of each director or trustee.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/jg

ANNUAL REPORTS SECTION