

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 07, 2002 8:00 am**  
**Secretary of State**

03-07-2002 90239 039 \*\*\*\*61.25

**DOCUMENT # N98000006056**

1. Entity Name

**SOUTH FLORIDA PERFORMING ARTS FOUNDATION, INC.**

Principal Place of Business

Mailing Address

**1307 SE 14TH AVE  
 DEERFIELD BEACH FL 33441**

**1307 SE 14TH AVE  
 DEERFIELD BEACH FL 33441**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0870727**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**HCRM CORP.  
 2200 CORPORATE BLVD NW, STE 401  
 BOCA RATON FL 33431**

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 ☐ Delete  
 NAME **EDD**  
 STREET ADDRESS **MATHIE, JANET**  
 CITY-ST-ZIP **1307 SE 14TH AVE  
 DEERFIELD BEACH FL 33441**

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

TITLE ☐ Delete  
 NAME **TD**  
 STREET ADDRESS **BARSKIS, KATHLEEN**  
 CITY-ST-ZIP **128 SE 11TH CT  
 DEERFIELD BEACH FL 33441**

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

TITLE ☒ Delete  
 NAME **SD**  
 STREET ADDRESS **SIMONS, NANCY**  
 CITY-ST-ZIP **1607 SW 2 AVE  
 BOCA RATON FL 33429**

TITLE ☐ Change ☒ Addition  
 NAME **SD**  
 STREET ADDRESS **LORYS STIEL**  
 CITY-ST-ZIP **7824 CUMMINGS LANE  
 BOCA RATON FL 33433**

TITLE ☐ Delete  
 NAME **PD**  
 STREET ADDRESS **ENYART, GENE**  
 CITY-ST-ZIP **1 ST. CLOUD LANE  
 BOCA RATON FL 33431**

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

TITLE ☐ Delete  
 NAME **CD**  
 STREET ADDRESS **ZUCKERMAN, MARVIN**  
 CITY-ST-ZIP **11439 BOCA WOODS LANE  
 BOCA RATON FL 33428**

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
 NAME **VICE-PRES**  
 STREET ADDRESS **LENNY CHESAL**  
 CITY-ST-ZIP **1550 SE 14TH CT  
 DEERFIELD BEACH FL 33441**

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:

**KATHLEEN S. BARSKIS, TRUSTEES KATHLEEN S. BARSKIS 954-941-7615**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Residence Phone #

CP2E037 (9/01)