FILED

2002 Uniform Business Report (UBR)

SIGNATURE:

Apr 16, 2002 8:00 am Secretary of State P01000068575 DOCUMENT # 1. Entity Name 04-16-2002 90058 025 ***150.00 PALM BEACH JAZZ FESTIVAL, INC. Principal Place of Business Mailing Address 1711-B LONGWOOD RD. 1711-B LONGWOOD RD. WEST PALM BEACH FL 33409 WEST PALM BEACH FL 33409 Principal Place of Business 3. Mailing Address Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE alm Bch. Gdns, City & State Applied For 4. FEJ Number Not Applicable \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent **NELSON, ROBERT** Box Number is Not Act 1711-B LONGWOOD RD. WEST PALM BEACH FL 33409 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. Jeffrey S. Allott FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ☐ Delete TITLE Addition CR2E034 (9/01) NAME ABBOTT, JEFFREY S NAME 1159 RAINWOOD CIR. STREET ADDRESS STREET ADDRESS PALM BEACH GARDENS FL 33410 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE Change [] Addition NAME NELSON, GLEN L NAME 517 1/2 29TH ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP West Palm Beach FL 33407 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.