

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000064812

1. Entity Name

BROADWAY ART INCORPORATED

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90216 038 ***150.00

Principal Place of Business

12550 CASLTEMMAIN TRAIL
ORLANDO FL 32828

Mailing Address

12550 CASLTEMMAIN TRAIL
ORLANDO FL 34949-8252

see below

2. Principal Place of Business

5167 N. A1A

3. Mailing Address

5167 N. A1A

Suite, Apt. #, etc.

#204

Suite, Apt. #, etc.

#204

City & State

Ft. Pierce, FL

City & State

Ft. Pierce, FL

Zip

34949

Country

St. Lucie

Zip

34949

Country

St. Lucie

4. FEI Number

59-3522565

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FINANCIAL FOUNDATIONS, INC.
2843 THAXTON DR. #37
PALM HARBOR FL 34684

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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **CRANE, PETER M**
STREET ADDRESS **12550 CASLTEMMAIN TRAIL**
CITY-ST-ZIP **ORLANDO FL 32828**

TITLE **VP** ☐ Delete
NAME **JACOBSON, ABBY**
STREET ADDRESS **12550 CASTLEMAN TR**
CITY-ST-ZIP **ORLANDO FL 32828**

TITLE **S** ☐ Delete
NAME **JACOBSON, HARRIET**
STREET ADDRESS **7310 W. 101 TERR**
CITY-ST-ZIP **OVERLAND PARK KS 66212**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME **CRANE, Peter M**
STREET ADDRESS **5167 N A1A, #204**
CITY-ST-ZIP **Ft. Pierce, FL 34949**

TITLE ☒ Change ☐ Addition
NAME **JACOBSON, Abby**
STREET ADDRESS **5167 N A1A #204**
CITY-ST-ZIP **Ft. Pierce, FL 34949**

TITLE ☐ Change ☒ Addition
NAME **Treasurer**
STREET ADDRESS **JACOBSON, RONALD**
CITY-ST-ZIP **7310 W 101 TERR OVERLAND PARK, KS 66212**

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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.

SIGNATURE:

Peter Crane **Peter Crane**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/00
Date

561-460-2139
Daytime Phone #

CR2E034 (9/99)