

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 729504

1. Entity Name

FOUNDATION FOR PROMOTION OF MUSIC, INC.

FILED

Feb 07, 2002 8:00 am
Secretary of State

02-07-2002 90176 029 ****61.25

Principal Place of Business

C/O HOLLE, WALTER A
4830 N.W. 43RD ST. K163
GAINESVILLE FL 32606
US

Mailing Address

4830 NW 43D ST
K163
GAINESVILLE FL 32606
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1625322

Applied For

Not Applicable

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

HOLLE, WALTER A
4830 N.W. 43RD ST. K163
4830 N.W. 43RD ST. K163
GAINESVILLE FL 32606

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 PD
NAME SMERAGE, GLEN
STREET ADDRESS 2104 NW 15TH AVE
CITY-ST-ZIP GAINESVILLE FL 32605 ☐ Delete

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

TITLE VD
NAME JEAGER, FRANZISKA
STREET ADDRESS 111 NW 29TH ST
CITY-ST-ZIP GAINESVILLE FL 32607 ☐ Delete

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

TITLE VD
NAME LOUIE, WANDA
STREET ADDRESS 3721 NW 23RD PL
CITY-ST-ZIP GAINESVILLE FL 32605 ☐ Delete

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

TITLE S
NAME PRING, BETTE
STREET ADDRESS 5519 SW 97TH TERR
CITY-ST-ZIP GAINESVILLE FL 32608 ☐ Delete

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

TITLE TD
NAME HOLLE, WALTER
STREET ADDRESS 4830 NW 43D ST K163
CITY-ST-ZIP GAINESVILLE FL 32606 ☐ Delete

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

TITLE D
NAME AMOTT, JOHN
STREET ADDRESS 4232 SW 94TH DR.
CITY-ST-ZIP GAINESVILLE FL 32608 ☐ Delete

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

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: Walter A. Holle
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan. 24, 2002

Date

352-374-6532

Daytime Phone #

CR2E037 (9/01)