

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2003 8:00 am
Secretary of State

02-04-2003 90076 047 ****61.25

DOCUMENT # 729504

1. Entity Name

FOUNDATION FOR PROMOTION OF MUSIC, INC.



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

4744 NW 35th St.

Suite, Apt. #, etc.

3. Mailing Address

4744 NW 35th St.

Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State

Gainesville, FL 32605

City & State

Gainesville, FL

4. FEI Number

59-1625322

Applied For

Not Applicable

Zip

32605

Country

USA

Zip

32605

Country

USA

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Claudia Brill

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

6417 SW 35th Way

City

Gainesville

FL

Zip Code

32608

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

CLAUDIA H. BRILL

Claudia H. Brill

02-24-03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	☐ Delete
NAME	SMERAGE, GLEN	
STREET ADDRESS	2104 NW 15TH AVE	
CITY-ST-ZIP	GAINESVILLE FL 32605	
TITLE	VD	☒ Delete
NAME	JEAGER, FRANZISKA	
STREET ADDRESS	111 NW 29TH ST	
CITY-ST-ZIP	GAINESVILLE FL 32607	
TITLE	VD	☒ Delete
NAME	LOUIE, WANDA	
STREET ADDRESS	3721 NW 23RD PL	
CITY-ST-ZIP	GAINESVILLE FL 32605	
TITLE	S	☒ Delete
NAME	PRING, BETTE	
STREET ADDRESS	5519 SW 97TH TERR	
CITY-ST-ZIP	GAINESVILLE FL 32608	
TITLE	TD	☐ Delete
NAME	HOLLE, WALTER	
STREET ADDRESS	4830 NW 43D ST K163	
CITY-ST-ZIP	GAINESVILLE FL 32606	
TITLE	D	☒ Delete
NAME	AMOTT, JOHN	
STREET ADDRESS	4232 SW 94TH DR.	
CITY-ST-ZIP	GAINESVILLE FL 32608	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President	☒ Change ☒ Addition
NAME	Betsy Wade	
STREET ADDRESS	4744 NW 35th St. Gainesville, FL 32605	
CITY-ST-ZIP		
TITLE	Vice-Pres.	☒ Change ☒ Addition
NAME	Carrie Lee	
STREET ADDRESS	171 Turkey Creek	
CITY-ST-ZIP	Alachua, FL 32615	
TITLE	Secretary	☒ Change ☒ Addition
NAME	Claudia Brill	
STREET ADDRESS	6417 SW 35th Way	
CITY-ST-ZIP	Gainesville, FL 32608	
TITLE	Treasurer	☐ Change ☐ Addition
NAME	Walter Holle	
STREET ADDRESS	4830 NW 43d St. K163 Gainesville, FL	
CITY-ST-ZIP	32606	
TITLE	Director	☒ Change ☐ Addition
NAME	Glen Smerage	
STREET ADDRESS	2104 NW 15th Ave. Gainesville, FL 32605	
CITY-ST-ZIP		
TITLE	Director	☒ Change ☒ Addition
NAME	Raymond Jones	
STREET ADDRESS	612 NE 10th Place Gainesville, FL	
CITY-ST-ZIP	32601	

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 HOLLE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan. 27, 2003

Date

352/374-6532

Daytime Phone

CR25037 (10/02)