

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90249 026 ****61.25

DOCUMENT # 742199

1. Entity Name

MELBOURNE CHAMBER MUSIC SOCIETY, INC.

Principal Place of Business

Mailing Address

P O BOX 033403
 PO BOX 033403
 INDIALANTIC FL 32903-0403

P O BOX 033403
 PO BOX 033403
 INDIALANTIC FL 32903-0403
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1812342

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PRIAL, SHELDON
334 LOFTS DRIVE
MELBOURNE FL 32940

Name **JAMES B. FLETCHER**

Street Address (P.O. Box Number is Not Acceptable)
2260 S. FRONT ST. #404

City **MELBOURNE**

FL

Zip Code
32901

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 **JAMES B. FLETCHER**

Anna B. Fletcher

1/12/2000

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	<input type="checkbox"/> Delete
NAME	BERTSCH, WILLEM	
STREET ADDRESS	501 S. SONORA CIRCLE	
CITY-ST-ZIP	INDIALANTIC FL 32903	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	SERODY, ROBERT	
STREET ADDRESS	3406 MAZUR DRIVE	
CITY-ST-ZIP	MELBOURNE FL 32901	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	PRIAL, SHELDON	
STREET ADDRESS	334 LOFTS DRIVE	
CITY-ST-ZIP	MELBOURNE FL 32940	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MINOVITCH, EVE M.D.	
STREET ADDRESS	1801 ROCKLEDGE DR.	
CITY-ST-ZIP	ROCKLEDGE FL 32955	
TITLE	D	<input type="checkbox"/> Delete
NAME	VOGEDING, DAVID	
STREET ADDRESS	1555 N. HIGHWAY A1A	
CITY-ST-ZIP	INDIALANTIC FL 32903	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MRS. JULIA ROACH	
STREET ADDRESS	768 KIWI COURT	
CITY-ST-ZIP	INDIALANTIC, FL 32903	
TITLE	T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JAMES B. FLETCHER	
STREET ADDRESS	2260 S. FRONT ST. #404	
CITY-ST-ZIP	MELBOURNE, FL 32901-7374	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Anna B. Fletcher*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12 January 2000 32-984-8297
 Date Daytime Phone #

CR2E037 (9/99)