

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90054 004 ****61.25

0028892

DOCUMENT # 742199

1. Entity Name

MELBOURNE CHAMBER MUSIC SOCIETY, INC.

Principal Place of Business

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

Mailing Address

P O BOX 033403
 PO BOX 033403
 INDIALANTIC FL 32903-3403
 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

59-1812342

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

FLETCHER, JAMES B
2260 S FRONT ST #404
MELBOURNE FL 32901

7. Name and Address of New Registered Agent

Name **DAVID S. CLARKE**
 Street Address (P.O. Box Number is Not Acceptable)
711 POINSETTA DRIVE
 City **SATELLITE BEACH** FL Zip Code **32937**

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 *David S. Clarke* **DAVID S. CLARKE, TREASURER** **4/19/01**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW:
FEES 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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	BERTSCH, WILLEM	
STREET ADDRESS	501 S. SONORA CIRCLE	
CITY-ST-ZIP	INDIANTLANTIC FL 32903	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	ROACH, JULIA MRS.	
STREET ADDRESS	768 KIWI COURT	
CITY-ST-ZIP	INDIALANTIC FL 32903	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	FLETCHER, JAMES B	
STREET ADDRESS	2260 S FRONT ST #404	
CITY-ST-ZIP	MELBOURNE FL 32901-7374	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	MINOVITCH, EVE M.D.	
STREET ADDRESS	1801 ROCKLEDGE DR.	
CITY-ST-ZIP	ROCKLEDGE FL 32955	
TITLE	D	<input checked="" 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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BERTSCH, ANNEKE	
STREET ADDRESS	501 S. SONORA CIRCLE	
CITY-ST-ZIP	INDIALANTIC, FL 32903	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DARIS M. WOLBERT	
STREET ADDRESS	490 E. RIVIERA BLVD	
CITY-ST-ZIP	INDIALANTIC, FL 32903	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CLARKE, DAVID	
STREET ADDRESS	711 POINSETTA DRIVE	
CITY-ST-ZIP	SATELLITE BEACH, FL 32937	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RAAFF, JOHN J.	
STREET ADDRESS	547 RIO BELLO CORTEZ	
CITY-ST-ZIP	INDIALANTIC, FL. 32903	
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: *David S. Clarke, Treasurer* **4/19/01** **(321) 779-2937**
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)