

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 19, 2001 8:00 am**  
**Secretary of State**

05-16-2001 90214 009 \*\*\*\*70.00

**DOCUMENT # N14767**  
 1. Entity Name  
**GUILD FOR INTERNATIONAL PIANO COMPETITIONS, INCO** LA

Principal Place of Business 3639 PASEO NAVARRA WEST PALM BEACH FL 33405	Mailing Address PO BOX 6845 WEST PALM BEACH FL 33405
---	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
---	---

City & State	City & State
Zip	Country

4. FEI Number <b>59-2670372</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  
**FINLEY, CHANDLER**  
**1645 PALM BEACH LAKES #300**  
**WEST PALM BEACH FL 33401**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Department of State</b>
-------------------------------------	---	--

10. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> Delete
NAME	<b>BRYAN, JOHN</b> <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">D</span>
STREET ADDRESS	<b>3639 PASSEO NAVARRA</b>
CITY-ST-ZIP	<b>W PALM BCH FL</b>
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	<b>ARCENTALES, EDUARDO</b>
STREET ADDRESS	<b>209 AVILA RD</b>
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33405</b>
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	<b>DANIELS, ALVA G</b>
STREET ADDRESS	<b>44 COCOANUT ROW</b>
CITY-ST-ZIP	<b>PALM BEACH FL 33480-1658</b>
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	<b>NICHOLS, MARION</b>
STREET ADDRESS	<b>4090 GEM LAKE DRIVE</b>
CITY-ST-ZIP	<b>GLEN RIDGE FL 33406-3254</b>
TITLE	SD <input checked="" type="checkbox"/> Delete
NAME	<b>TRAVIS, MERCEDES</b>
STREET ADDRESS	<b>219 CHILEAN AVE #B</b>
CITY-ST-ZIP	<b>PALM BEACH FL 33480</b>
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	<b>ISAACSON, MARSHALL OWEN</b>
STREET ADDRESS	<b>20755 EAGLE CREEK COURT</b>
CITY-ST-ZIP	<b>BOCA RATON FL 33498</b>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<b>Vice President - Secretary</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>De Vajay, Adelbert</b>
STREET ADDRESS	<b>3100 Springdale, E216</b>
CITY-ST-ZIP	<b>Palm Springs, FL 33461</b>
TITLE	<b>Vice President - Treasurer</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MANDOLA, Terry</b>
STREET ADDRESS	<b>944 Ortega Road</b>
CITY-ST-ZIP	<b>West Palm Beach FL 33409</b>
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	
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: [Signature] **SIGNATURE REQUIRED** Date: **MAY 1, 01** Daytime Phone #: **(561) 833-8810**

CR2E037 (10/00)