## **2001 UNIFORM BUSINESS REPORT (UBR)**

## **DOCUMENT # N14977**

1. Entity Name

## SOUTH FLORIDA CHORAL ARTS, INC.

## FILED Jan 17, 2001 8:00 am Secretary of State 01-17-2001 90091 020 \*\*\*\*70.00

				01	-17-2001 90091 020	70.00		
i i	te of Business	Mailing Address		<u>.</u>				
P.O. BOX 9772 FT LAUDERDALE FL 33310 US		P.O., BOX 9772 FT LAUDERDALE FL 33310 US			ипплэрр			
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State		City & State		4. FEI Numbe	60-2651755		oplied For ot Applicable	]
Zip	Country	Zip	Country	5. Certificate	of Status Desired	\$8.75 Add Fee Require	ditional ed	
	6. Name and Address of Current F	Registered Agent		7. Name and	Address of New Registered	Agent		<b>-</b>
{			Name					1
OBYRN, MICHAEL J 888 INTRACOASTAL DR. 140			Street A	Street Address (P.O. Box Number is Not Acceptable)				
	UDERDALE FL 33304							l
			City		Fi	Zip Cod	e	
8. The above	named entity submits this statement for	the purpose of changing its re	egistered office or	registered agent, or bot	h, in the state of Florida.	,		
SIGNATURE  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Re			Registered Agent signatu	ure required when reinstating)	DATE			
								1
FILE NOW: FEE IS \$61.25		9. Election Campaign Financing \$5.0 Trust Fund Contribution.		\$5.00 May Be Added to Fees	Make Check Payable to to Fees Department of State			
10.	OFFICERS AND DIRE	ECTORS	11.	ADDITIONS/CHA	ANGES TO OFFICERS AND D	IRECTORS IN	110	1
TITLE	PD	Delete	TITLE			☐ Change	☐ Addition	18
NAME	GARRETT, ROBERT W		NAME					9
STREET ADDRESS	1801 S.W. 12 COURT		STREET ADDRESS					37 (
CITY-ST-ZIP	FORT LAUDERDALE FL 33312		CITY-ST-ZIP					CR2E037 (10/00
TITLE	VPD	☐ Delete	TITLE			Change	Addition	18
NAME AXDEEX ADDRESS	SPANGLER, DENNIS		NAME					
STREET ADDRESS CITY-ST-ZIP	520 NE 20 ST #313 FORT LAUDERDALE FL 33305		STREET ADDRESS CITY-ST-ZIP					
TITLE	SD SD	Delete	TITLE		jay e	☐ Change	Addition	1
NAME	FIELD, MARK	Delete	NAME			☐ Change	☐ Vanimon	ŀ
STREET ADDRESS	22350 S.W. 57 CIR		STREET ADDRESS					
CITY-ST-ZIP	BOCA RATON FL 33428		CITY-ST-ZIP					
TITLE	TD	☐ Delete	TITLE			Change	☐ Addition	1
NAME	COLE, JOHN F.		NAME	TD	N D	A -		
STREET ADDRESS	2450 N.E. 15 AVENUE #310		STREET ADDRESS	ČŎLE, JOH 310 NE 22	0 m			
CITY-ST-ZIP	FORT LAUDERDALE FL 33305		CITY-ST-ZIP	NB ZZ	ST WILTON MA			<b>5</b>
TITLE NAME	CD OBYRN, MICHAEL J	☐ Delete	TITLE NAME			Change Change	☐ Addition	
STREET ADDRESS	888 INTRACOASTAL DR. #140		STREET ADDRESS		# 14 D			-
CITY-ST-ZIP	FORT LAUDERDALE FL 33304		CITY-ST-ZIP					
TITLE	\$D	☐ Delete	TITLE	CD		Change	☐ Addition	
NAME	COHGN HOWARD		NAME	SD COUEN HO	UI DD	~		l
STREET ADDRESS	188 NE 20 CT		STREET ADDRESS	COHEN, HO	WARD			
A	FART LAUREDRALE EL AGAGE		CITY-ST-ZIP					l
CITY-ST-ZIP	FORT LAUDERDALE FL 33305		5/11 G1 EI/					ľ

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:** 

SANATUNE REQUIRION F COLE

954-565-4611