

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 07, 2000 8:00 am**  
**Secretary of State**

06-07-2000 90429 009 \*\*\*\*61.25

**00057870**

DO NOT WRITE IN THIS SPACE

DOCUMENT # **N 38690**  
 1. Entity Name **The Friends of the University of Miami School of Music, Inc**

Principal Place of Business **6200 San Amaro Dr**  
**Coral Gables, FL 33146-1514**

2. Principal Place of Business **Coral Gables, FL**  
 Suite, Apt. #, etc.

3. Mailing Address **6200 San Amaro Dr**  
 Suite, Apt. #, etc.  
 City & State **Coral Gables, FL**  
 Zip **33146-1514** Country **Miami Dade**

4. FEI Number **65-0201227** Applied For  Not Applicable   
 5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**Levin, Stan Tom G.**  
**1570 Madruga Ave**  
**Coral Gables, FL 33146**

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 \_\_\_\_\_  
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. PRESIDENT, OFFICERS AND DIRECTORS

TITLE NAME	<b>Benavides, Julia</b> <input type="checkbox"/> Delete
STREET ADDRESS	<b>918 E. Ponce De Leon Blvd #3</b>
CITY-ST-ZIP	<b>Coral Gables, FL</b>
TITLE NAME	<b>Bruce, Thor W. Ph.D.</b> <input type="checkbox"/> Delete
STREET ADDRESS	<b>3252 Riviera Dr Treasurer, Director</b>
CITY-ST-ZIP	<b>Coral Gables, FL 33134-6400</b>
TITLE NAME	<b>Gonzalez, Rosa-Rita</b> <input checked="" type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<b>Cannata, Valerie</b> <input checked="" type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	<b>D Orlin, Karen J.</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	<b>1121 Sunset Road</b>
CITY-ST-ZIP	<b>Coral Gables, FL 33143</b>
TITLE NAME	<b>D Mettinger, Karl</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	<b>8735 NE Bayshore Drive</b>
CITY-ST-ZIP	<b>Miami, FL 33138</b>
TITLE NAME	<b>D Mickler, Edgar</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	<b>451 Ives Dairy Road A-403</b>
CITY-ST-ZIP	<b>Miami, FL 33179</b>
TITLE NAME	<b>D Waddell, Vivian</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	<b>6120 SW 132 ST</b>
CITY-ST-ZIP	<b>Miami, FL 33156</b>
TITLE NAME	<b>D Wrobbel, Warren D. III</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	<b>12214 SW 94th Terrace</b>
CITY-ST-ZIP	<b>Miami, FL 33186</b>
TITLE NAME	<b>D Morgan, Jody</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	<b>P.O. Box 403667</b>
CITY-ST-ZIP	<b>Miami Beach, FL 33140</b>

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: **Thor W. Bruce** **5/4/00** **305444 6602**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)

# 2000 UNIFORM BUSINESS REPORT (UBR)

Attachment  
 D0057870  
 D# N38690

**DOCUMENT #**  
 1. Entity Name *The Friends of the University of Miami*  
*School of Music*

Principal Place of Business \_\_\_\_\_ Mailing Address \_\_\_\_\_

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 *65-0201227* Applied For  Not Applicable   
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 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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 Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 \_\_\_\_\_  
 City \_\_\_\_\_ State **FL** Zip Code \_\_\_\_\_

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 Department of State**

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**SIGNATURE:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CF2E037 (9/99)