

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

May 28, 2002 8:00 am
Secretary of State

05-28-2002 91778 036 ****61.25

DOCUMENT # N44766

1. Entity Name

TREASURE COAST MUSIC TEACHERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

1608 S. KANNER HWY.
STUART FL 34994

1608 S. KANNER HWY.
STUART FL 34994

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

65-0459266

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KESSLER, CINDY
2060 SW WOODSIDE WAY
PALM CITY FL 34990

Name **Ballinger, Richard L.**

Street Address (P.O. Box Number is Not Acceptable)

1021 SE 10th Street

City

Stuart

FL

Zip Code

34996

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. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Delete
NAME **KESSLER, CYNTHIA H**
STREET ADDRESS **2060 SW WOODSIDE WAY**
CITY-ST-ZIP **PALM CITY FL 34990**

TITLE **PD** ☒ Change ☐ Addition
NAME **Ballinger, Richard L.**
STREET ADDRESS **1021 SE 10th Street**
CITY-ST-ZIP **Stuart, FL 34996**

TITLE **TD** ☐ Delete
NAME **ROSA, BOBBIE**
STREET ADDRESS **8187 SE COCONUT ST**
CITY-ST-ZIP **HOBE SOUND FL 33455**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** ☒ Delete
NAME **TEACHOUT, NANCY**
STREET ADDRESS **1595 SW SHADY LAKES TERR**
CITY-ST-ZIP **PALM CITY FL 34990**

TITLE **Rance, Nancy** ☒ Change ☐ Addition
NAME **1250 SW Cedar Cove**
STREET ADDRESS **Port St. Lucie, FL 34986**
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **PALTER, SANDRA**
STREET ADDRESS **91 S RIVER RD**
CITY-ST-ZIP **SEWALL'S POINT FL 34996**

TITLE **Chell's, Jenny** ☒ Change ☐ Addition
NAME **1194 SW Curt's St.**
STREET ADDRESS **Port St. Lucie, FL 34983**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/02
Date

561-221-8000
Daytime Phone #

CR2E037 (9/01)