

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 22, 2000 8:00 am**  
**Secretary of State**

04-22-2000 90020 003 \*\*\*\*70.00

**DOCUMENT # N94000000761**

1. Entity Name

**MARINE CORPS MUSICIANS ASSOCIATION INCORPORATED**

Principal Place of Business

Mailing Address

8209 COUNTY LINE ROAD  
 SPRING HILL FL 34606

8209 COUNTY LINE ROAD  
 SPRING HILL FL 34606-6631

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1595030**

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

**BERMENDER, CARL L**  
**8209 COUNTY LINE ROAD**  
**SPRING HILL FL 34606**

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. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	NAME	TITLE	NAME
PT	GENOVESE, JAMES		
	P.O. BOX 2647 N/A		
	GROSSVILLE TN 38557		
VPT	LANIER, LEONARD		
	P.O. BOX 975 N/A		
	MOUNT OLIVE NC 28365		
ST	BROWN, RUSSELL		
	1991 CAROLINA COURT		
	CLEARWATER FL 33760		
TT	WYMAN, JOHN		
	1066 TARENTO DRIVE		
	SAN DIEGO CA 92107		
ATR	BERMENDER, CARL		
	8209 COUNTY LINE ROAD		
	SPRINGHILL FL		

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: *Carl L BERMENDER*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

13 APR 00  
 Date

352-686-7153  
 Daytime Phone #

CR2E037 (9/99)