

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2000 8:00 am**  
**Secretary of State**

04-17-2000 90003 018 \*\*\*\*61.25

**DOCUMENT # N98000002903**

1. Entity Name

**SOUTH FLORIDA MUSICIANS' ASSOCIATION, LOCAL 655,**

Principal Place of Business

Mailing Address

2725 HOLLYWOOD BLVD.  
 HOLLYWOOD FL 33020

2725 HOLLYWOOD BLVD.  
 HOLLYWOOD FL 33020-4821

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

**59-0358930**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GRAVES, PETER**  
 2725 HOLLYWOOD BLVD.  
 HOLLYWOOD FL 33020

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

TITLE  Delete  
 NAME **TD**  
 STREET ADDRESS **APGNA, JEFFREY**  
 CITY-ST-ZIP **1609 NE 17 ST FORT LAUDERDALE FL 33305**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D**  
 STREET ADDRESS **HEANES, RANDY SINGER**  
 CITY-ST-ZIP **2667 NW 33 ST FT LAUDERDALE FL 33309**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D**  
 STREET ADDRESS **MACDONALD, STUART**  
 CITY-ST-ZIP **12905 SW 74 CT MIAMI FL 33156**

TITLE  Change  Addition  
 NAME **D**  
 STREET ADDRESS **Barnes, Timothy**  
 CITY-ST-ZIP **4800 NW 2 CT Boca Raton FL 33431**

TITLE  Delete  
 NAME **D**  
 STREET ADDRESS **SEAFAT, GUY**  
 CITY-ST-ZIP **821 CRATON DR ROYAL PALM BCH FL 33411**

TITLE  Change  Addition  
 NAME **D**  
 STREET ADDRESS **Scafati, Guy**  
 CITY-ST-ZIP **821 CRATON DR. Royal Palm Bch FL 33411**

TITLE  Delete  
 NAME **D**  
 STREET ADDRESS **BALLARD, HOLLY**  
 CITY-ST-ZIP **835 NE 18 STREET FORT LAUDERDALE FL 33305**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D**  
 STREET ADDRESS **BARGE, RENE**  
 CITY-ST-ZIP **250 SAN LORENZO AVE CORAL GABLES FL 33146**

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**

**Jeffrey Apna 4/10/00 954/925-1996**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)