

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90127 004 ****70.00

DOCUMENT # N99000004057

1. Entity Name

SOUTH BEACH GAY MEN'S CHORUS, INC.

Principal Place of Business

Mailing Address

C/O CRAIG FASHBAUGH
 5 ISLAND AVE. 9H
 MIAMI BEACH FL 33139

C/O CRAIG FASHBAUGH
 5 ISLAND AVE. 9H
 MIAMI BEACH FL 33139-1340

2. Principal Place of Business

4383 N. MICHIGAN AVE

3. Mailing Address

4383 N. MICHIGAN AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI BEACH, FL

City & State

MIAMI BEACH, FL

4. FEI Number

65-0932623

Applied For

Not Applicable

Zip

33140

Country

MIAMI DADE

Zip

33140

Country

MIAMI DADE

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

FASHBAUGH, CRAIG
 5 ISLAND AVE., 9H
 MIAMI BEACH FL 33139

Name **CRAIG FASHBAUGH**

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

4383 N. MICHIGAN AVE

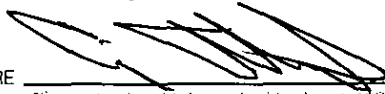
City **MIAMI BEACH**

FL

Zip Code **33140**

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



CRAIG FASHBAUGH, PRESIDENT 4/25/00

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 **D** Delete
 NAME **FASHBAUGH, CRAIG**
 STREET ADDRESS **5 ISLAND AVE, 9H**
 CITY-ST-ZIP **MIAMI BEACH FL 33139**

TITLE **PRESIDENT / DIRECTOR** Change Addition
 NAME
 STREET ADDRESS **4383 N. MICHIGAN AVE**
 CITY-ST-ZIP **MIAMI BEACH, FL 33141**

TITLE **D** Delete
 NAME **RENUAD, JON**
 STREET ADDRESS **920 JEFFERSON AVE., UNIT 7**
 CITY-ST-ZIP **MIAMI BEACH FL 33139**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **ROBERTSON, DAN**
 STREET ADDRESS **4839 PINETREE DR.**
 CITY-ST-ZIP **MIAMI BEACH FL 33140**

TITLE **750 ESPANOLA WAY #111** Change Addition
 NAME
 STREET ADDRESS **MIAMI BEACH, FL 33139**
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SECRETARY / DIRECTOR** Change Addition
 NAME **DWAYNE C. TUTTLE**
 STREET ADDRESS **1870 NE 49TH ST #150**
 CITY-ST-ZIP **LIGHTHOUSE POINT, FL 33064**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

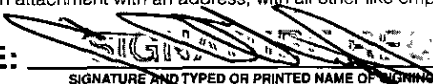
TITLE **TREASURER / DIRECTOR** Change Addition
 NAME **MARCELO F. LEVY**
 STREET ADDRESS **728 NE 67TH ST**
 CITY-ST-ZIP **MIAMI, FL 33128**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DIRECTOR** Change Addition
 NAME **CARL ELLIOTT**
 STREET ADDRESS **1550 JEFFERSON AVE #1**
 CITY-ST-ZIP **MIAMI BEACH, FL 33139**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:



CRAIG FASHBAUGH, PRESIDENT 4/25/00 305-532928

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)