

**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.



DO NOT WRITE IN THIS SPACE

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)