

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Apr 30, 2001 08:00 AM**  
**Secretary of State**

**DOCUMENT # N99000004057**

1. Entity Name  
 SOUTH BEACH GAY MEN'S CHORUS, INC.

Principal Place of Business 4383 N MICHIGAN AVE MIAMI BEACH FL 33140	Mailing Address 4383 N MICHIGAN AVE MIAMI BEACH FL 33140
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2. Principal Place of Business 1550 JEFFERSON AVENUE	3. Mailing Address 1550 JEFFERSON AVENUE
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Suite, Apt. #, etc. #1	Suite, Apt. #, etc. #1
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City & State MIAMI BEACH FL	City & State MIAMI BEACH FL
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Zip 33139	Country US	Zip 33139	Country US
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4. FEI Number <b>65-0932623</b>	Applied For Not Applicable
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5. Certificate of Status Desired  \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

FASHBAUGH CRAIG  
 4383 N MICHIGAN AVE  
 MIAMI BEACH FL 33140 US

**7. Name and Address of New Registered Agent**

Name  
 ELLIOTT CARL  
 Street Address (P.O. Box Number is Not Acceptable)  
 1550 JEFFERSON AVENUE  
 #1  
 City  
 MIAMI BEACH FL Zip Code  
 33139

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 CARL ELLIOTT DATE 04/30/2001  
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELLIOTT CARL 1550 JEFFERSON AVE #1 MIAMI BEACH FL 33139 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LEVY MARCELO F 728 NE 67TH ST MIAMI FL 33128 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TUTTLE DWAYNE C 1870 NE 48TH ST #150 LIGHTHOUSE POINT FL 33064 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBERTSON DAN 750 ESPANOLA WAY #11 MIAMI BEACH FL 33139 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FASHBAUGH CRAIG 4383 N MICHIGAN AVE MIAMI BEACH FL 33141 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition D FOURNIER RAY 1514 DREXEL AVENUE #5C MIAMI BEACH FL 33139 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition VPD SEXTON DAVID 1130 11TH STREET #7C MIAMI BEACH FL 33139 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: DAN ROBERTSON D DATE 04/30/2001  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day-time Phone #

CR2E037 (11/00)