

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 13, 2001 8:00 am**  
**Secretary of State**

02-13-2001 90034 026 \*\*\*\*70.00

**DOCUMENT # N99000007200**

1. Entity Name

**MUSIC EDUCATION FOUNDATION OF NORTHWEST FLORIDA,**

Principal Place of Business

1815 WEST 15TH STREET, STE 17  
 PANAMA CITY FL 32401

Mailing Address

1815 WEST 15TH STREET, STE 17  
 PANAMA CITY FL 32401

UUU10040



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3579837

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

REISMAN, MICHAEL D  
 1815 WEST 15TH STREET, STE 17  
 PANAMA CITY FL 32401

7. Name and Address of New Registered Agent

Name **NAN YOUNGBLOOD DRAKE**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1815 WEST 15TH STREET**  
**SUITE 17**  
 City **PANAMA CITY** FL Zip Code **32401**

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 **NAN YOUNGBLOOD DRAKE** *Nan Youngblood Drake* **2-5-01**  
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 NAME STREET ADDRESS CITY-ST-ZIP	PD REISMAN, MICHAEL D 1815 WEST 15 ST PANAMA CITY FL 32410	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BAILLIE, SAMUEL R 701 MICHAEL DR PANAMA CITY FL 32404	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CSD DRAKE, NAN 314 N. MACARTHUR AVE PANAMA CITY FL 32401	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COGGESHALL, MARGARET J 701 DRIFTWOOD DR LYNN HAVEN FL 32444	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT/DIRECTOR NAN YOUNGBLOOD DRAKE 1815 WEST 15TH STREET, SUITE 17 PANAMA CITY, FL 32401	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>VICE-PRESIDENT</del> TREASURER/SECRETARY SAMUEL R. BAILLIE 701 MICHAEL DRIVE PANAMA CITY FL 32404	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TO PRESIDENT/DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE-PRESIDENT MARGARET J. COGGESHALL 701 DRIFTWOOD DR. LYNN HAVEN, FL 32444	<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

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: *Nan Youngblood Drake* NAN YOUNGBLOOD DRAKE 2-5-01 <sup>(850)</sup> 769-6715  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

01-74

CR2E037 (10/00)