5/3

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 05, 2000 8:00 am
Secretary of State
05-31-2000 90227 023 ***150.00

DOCUMENT # 324383

1. Entity Name
RUSSELL MUSIC CO INC

Principal Place of Business	Mailing Address
2557 SO US HIGHWAY 1 [illegible] PIERCE FL 34982-5922	2557 SO US HIGHWAY 1 FORT PIERCE FLA 34982-5922

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2557 So. U.S. Hwy #1	2557 So. U.S. Hwy #1
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Ft. Pierce, FL.	City & State: Ft. Pierce, FL
Zip: 34982 Country: U.S.A.	Zip: 34982 Country: U.S.A.

4. FEI Number 59-1197175 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PARR, WALLACE L.
4949 N AIA APT. 222
FORT PIERCE FL 34949

7. Name and Address of New Registered Agent

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 ______ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00 ✓
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State ✓

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	ST	☐ Delete
NAME	PARR, KATHRYN R.	
STREET ADDRESS	4949 N. A1A, APT. 222	
CITY-ST-ZIP	FT PIERCE FL	
TITLE	P	☐ Delete
NAME	PARR, WALLACE L	
STREET ADDRESS	4949 N AIA APT. 222	
CITY-ST-ZIP	FT. PIERCE FL	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Wallace L Parr WALLACE L. PARR 5 10 00 561 465 2742
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR · Date · Daytime Phone #

CR2E024 (10/99)