

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 03, 2001 8:00 am**  
**Secretary of State**

04-03-2001 90097 022 \*\*\*\*\*70.00

**DOCUMENT # 705326**

1. Entity Name

**THE FLORIDA MUSIC EDUCATORS ASSOCIATION INC.**

Principal Place of Business

**207 OFFICE PLAZA DR.  
TALLAHASSEE FL 32301**

Mailing Address

**207 OFFICE PLAZA DR.  
TALLAHASSEE FL 32301**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-0791022**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**STONE, JUDITH  
207 OFFICE PLAZA  
TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

Name

**James T. Perry**

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

**207 Office Plaza Drive**

City

**Tallahassee**

FL

Zip Code

**32301**

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

**James T. Perry, Exec. Director**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**3/25/01**  
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 **D** ☐ Delete  
NAME **SANZ, KATHLEEN D.**  
STREET ADDRESS **5820 WHIPPOWILL ROAD**  
CITY-ST-ZIP **TAMPA FL**

TITLE **D** ☐ Delete  
NAME **WHARTON, PHILLIP D**  
STREET ADDRESS **212 JENNY WAY**  
CITY-ST-ZIP **LAKELAND FL 33809**

TITLE **T** ☒ Delete  
NAME **SMITH, A. BYRON**  
STREET ADDRESS **4110 TRALEE RD**  
CITY-ST-ZIP **TALLAHASSEE FL**

TITLE **D** ☒ Delete  
NAME **STONE, JUDITH D.**  
STREET ADDRESS **4823 HEATHE DRIVE**  
CITY-ST-ZIP **TALLAHASSEE FL**

TITLE **V** ☐ Delete  
NAME **MINEAR, CAROLYN C**  
STREET ADDRESS **2820 RAPIDAN TRAIL**  
CITY-ST-ZIP **MAITLAND FL 32751**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **M** ☒ Change ☒ Addition  
NAME **Perry, James T.**  
STREET ADDRESS **207 Office Plaza Drive**  
CITY-ST-ZIP **Tallahassee, FL 32301**

TITLE **P** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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

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

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

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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/28/01**  
Date

**850-878-6844**  
Daytime Phone #

CR2E037 (10/00)