## 2003 UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT# 705326**

FILED Jan 17, 2003 Secretary of State

Entity Name: THE FLORIDA MUSIC EDUCATORS ASSOCIATION INC.

Current Principal Place of Business: New Principal Place of Business:

207 OFFICE PLAZA DR.

TALLAHASSEE, FL 32301 US

Current Mailing Address: New Mailing Address:

207 OFFICE PLAZA DR.

TALLAHASSEE, FL 32301 US

FEI Number: 59-0791022 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

PERRY, JAMES T 207 OFFICE PLAZA

TALLAHASSEE, FL 32301 US

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:

City-St-Zip:

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 V/D
 ( ) Delete

 Name:
 HOWES, FRANK R

 Address:
 5909 DEER FLAG DRIVE

 City-St-Zip:
 LAKELAND, FL 33811 US

LAKELAND, FL 33809

Title: D ( ) Delete Name: WHARTON, PHILLIP D Address: 212 JENNY WAY

Title: P/D () Delete
Name: MINEAR, CAROLYN C
Address: 2820 RAPIDAN TRAIL
City-St-Zip: MAITLAND, FL 32751 US

Title: M ( ) Delete Name: PERRY, JAMES T

Address: 207 OFFICE PLAZA DRIVE City-St-Zip: TALLAHASSEE, FL 32301

 $\begin{array}{lll} \mbox{Title:} & \mbox{P/D} & \mbox{(X) Change ( ) Addition} \\ \mbox{Name:} & \mbox{HOWES, FRANK R} \\ \end{array}$ 

Address: 5909 DEER FLAG DRIVE
City-St-Zip: LAKELAND, FL 33811 US

Title: V/D (X) Change ( ) Addition

Name: LIPPERT, CINDY
Address: 1960 LANDINGS BLVD.
City-St-Zip: SARASOTA, FL 34231

Title: V/D (X) Change ( ) Addition

Name: MINEAR, CAROLYN C
Address: 2820 RAPIDAN TRAIL
City-St-Zip: MAITLAND, FL 32751 US

Title: ( ) Change ( ) Addition

Name: Address: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES T PERRY M 01/17/2003