

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2003 8:00 am
Secretary of State

03-06-2003 90111 012 ****61.25

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DOCUMENT # 712804

1. Entity Name

VERO BEACH MUTUAL CONCERT ASSOCIATION, INC.



Principal Place of Business

P.O. BOX 644396

VERO BEACH FL 32963-4396

Mailing Address

P.O. BOX 644396

VERO BEACH FL 32963-4396

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 **59-6190050**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MORRISON, CHARLES D
9339 N US #1
PO BOX 700096
WABASSO FL 32970-0096

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP |
|-------|--------------------------------|----------------|-------------|-------|------|----------------|-------------|
| | SD | | | | | | |
| | ALLEN, BRENDA | | | | | | |
| | 411 PEPPERTREE DR NORTH | | | | | | |
| | VERO BEACH FL 32963 | | | | | | |
| | P | | | | | | |
| | WITTEN CORA | | | | | | |
| | 1995 WINDWARD WAY | | | | | | |
| | VERO BEACH FL 32963 | | | | | | |
| | D | | | | | | |
| | MANK, PHILIP | | | | | | |
| | 6300 8TH STREET | | | | | | |
| | VERO BEACH FL | | | | | | |
| | D | | | | | | |
| | STEFFENS, GAEL | | | | | | |
| | 915 TROPIC DR | | | | | | |
| | VERO BEACH FL 32963 | | | | | | |
| | TD | | | | | | |
| | MORRISON, CHAD | | | | | | |
| | 9339 NORTH US 1 | | | | | | |
| | WABASSO FL 32970 | | | | | | |
| | | | | | | | |
| | | | | | | | |

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

772-913-3314

CR2E037 (10/02)