

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 730995

1. Entity Name

CENTRAL FLORIDA JAZZ SOCIETY, INC.

Principal Place of Business

Mailing Address

PO BOX 540133
ORLANDO FL 32854-0133

PO BOX 540133
ORLANDO FL 32854-0133

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2546658

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

7. Name and Address of New Registered Agent

DUNLAP, DAVISSON F.
FIRSTSTATE BLDG., SUITE 1600
255 SO. ORANGE AVENUE
ORLANDO FL 32801

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

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

TITLE	TD	<input type="checkbox"/> Delete
NAME	LAWSON, ELLIE	
STREET ADDRESS	1114 VIZCAYA LAKE RD #109	
CITY-ST-ZIP	WINTER PARK FL 32761	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	WEINBERG, SID	
STREET ADDRESS	250 CAROLINA AVE, 303 B	
CITY-ST-ZIP	WINTER PARK FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	NOLES, ROXANNE F	
STREET ADDRESS	1616 HOSSNER AVE	
CITY-ST-ZIP	ORLANDO FL 32809	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SANFORD, DAN	
STREET ADDRESS	380 WINCHESTER PL	
CITY-ST-ZIP	LONGWOOD FL 32779	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	SPIEGEL, BOB	
STREET ADDRESS	14538 QUAIL TR CIR	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	WEINBERG, KAREN	
STREET ADDRESS	250 CAROLINA AVE #303B	
CITY-ST-ZIP	WINTER PARK FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOB Esterberg	
STREET ADDRESS	1534 WAKEFIELD CIRCLE	
CITY-ST-ZIP	DELTONA, FL 32725	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SONJA MARCHESSAND	
STREET ADDRESS	984 STONEWOOD LANE	
CITY-ST-ZIP	MAITLAND, FL 32751	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)