

2002 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

Zip

Country

Zip

Country

4. FEI Number

59-2546658

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

NOLES, ROXANNE F
1616 HOFFNER
ORLANDO FL 32809

Name ROBERT G. ESTERBERG

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

1534 WAKEFIELD CIRCLE

City

DELTONA

FL

Zip Code

32725

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE TD ☐ Delete
NAME LAWSON, ELLIE
STREET ADDRESS 1114 VIZCAYA LAKE RD #109
CITY-ST-ZIP WINTER PARK FL 32761

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

TITLE VP ☐ Delete
NAME ESTERBERG, BOB
STREET ADDRESS 1534 WAKEFIELD CIRCLE
CITY-ST-ZIP DELTONA FL 32725

TITLE PD ☒ Change ☐ Addition
NAME ESTERBERG ROBERT G.
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE PD ☒ Delete
NAME NOLES, ROXANNE F
STREET ADDRESS 1616 HOSSNER AVE
CITY-ST-ZIP ORLANDO FL 32809

TITLE UPD ☐ Change ☒ Addition
NAME SHIRLEY LEINER
STREET ADDRESS 28402 TAMMUN DR.
CITY-ST-ZIP TAVARES FL 32778

TITLE SD ☐ Delete
NAME SANFORD, DAN
STREET ADDRESS 380 WINCHESTER PL
CITY-ST-ZIP LONGWOOD FL 32779

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

TITLE VPD ☐ Delete
NAME MARCHESANO, SONJA
STREET ADDRESS 984 STONE WOOD LANE
CITY-ST-ZIP MAITLAND FL 32751

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

TITLE D ☐ Delete
NAME WEINBERG, KAREN
STREET ADDRESS 250 CAROLINA AVE #303B
CITY-ST-ZIP WINTER PARK FL

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

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:

ROBERT G. ESTERBERG PRES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/24/02

Daytime

874 9012

CR2E037 (9/01)

0068804



DO NOT WRITE IN THIS SPACE