

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

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90301 032 ****61.25

DOCUMENT # 746020

1. Entity Name

CVE/DEERFIELD BEACH SYMPHONY ORCHESTRA, INC.



Principal Place of Business

**AUGUST, BERNARD
BERKSHIRE, E. 1074
DEERFIELD BEACH FL 33442
US**

Mailing Address

**AUGUST, BERNARD
BERKSHIRE E. 1074
DEERFIELD BEACH FL 33442
US**

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 **59-1914920**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**AUGUST, BERNARD
BERKSHIRE, E. 1074
DEERFIELD BEACH FL 33442**

7. Name and Address of New Registered Agent

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

TITLE **VD** ☐ Delete
NAME **POSTMAN, JACK**
STREET ADDRESS **6339 STANLEY LANE**
CITY-ST-ZIP **DELRAY BCH FL**

TITLE **MD** ☐ Delete
NAME **COUSIN, RUTH**
STREET ADDRESS **VENTNOR O 4047**
CITY-ST-ZIP **DEERFIELD BEACH FL**

TITLE **TD** ☐ Delete
NAME **AUGUST, BERNARD**
STREET ADDRESS **BERSHIRE E 1074**
CITY-ST-ZIP **DEERFIELD BEACH FL**

TITLE **ATD** ☐ Delete
NAME **KESSELMAN, ELAINE**
STREET ADDRESS **CAMBRIDGE V2106**
CITY-ST-ZIP **DEERFIELD BEACH FL**

TITLE **PD** ☐ Delete
NAME **FELDMAN, IRWIN S**
STREET ADDRESS **2697 N OCEAN BLVD**
CITY-ST-ZIP **BOCA RATON FL**

TITLE **SD** ☒ Delete
NAME **LERNER, CAROLE**
STREET ADDRESS **79 VENTNOR D**
CITY-ST-ZIP **DEERFIELD BEACH FL**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE **SD** ☐ Change ☒ Addition
NAME **WAGNER, GERRIE**
STREET ADDRESS **2686 NW 7th Court, Rainberry Bay**
CITY-ST-ZIP **DeLray, FL 33445**

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: *Bernard August* Treasurer

954-427-1372

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)