

2001. UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 06, 2001 8:00 am
Secretary of State

02-06-2001 90338 025 ***150.00

DOCUMENT # F00000003152

1. Entity Name

INTERNATIONAL HOUSE OF BLUES FOUNDATION, INC.

Principal Place of Business

6255 SUNSET BOULEVARD, 18TH FLOOR
HOLLYWOOD CA 90028

Mailing Address

6255 SUNSET BOULEVARD, 18TH FLOOR
HOLLYWOOD CA 90028

010020



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1490 E. Buena Vista Dr.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Lake Buena Vista, FL

City & State

4. FEI Number 04-3179950

Applied For

Not Applicable

Zip

32830

Country

USA

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TROJAN, GREG 6255 SUNSET BOULEVARD, 18TH FLOOR HOLLYWOOD CA 90028	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V OLLIVIERRE, FRANKLIN 212 PARK STREET NEWTON MA 02159	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RAFFERTY, JAMES 187 CONCORD AVENUE CAMBRIDGE MA 02139	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KACZOROWSKI, JOE 6255 SUNSET BLVD., 16TH FLOOR HOLLYWOOD CA 90028	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARTER, WARRICK DR. 3010 MAIN GATE LANE KISSIMEE FL 34747	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JAURON, SUSAN 5 ALVIN ROAD SWAMPSCOTT MA 01907-1201	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Roger Ogden 460 Broadway New Orleans, LA 70118	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Alexander Tennant 4 Longfellow Place, Ste. 3704 Boston, MA 02114	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARTER, WARRICK DR. 600 S. MICHIGAN AVENUE Chicago, IL 60605	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-31-01

Date

Daytime Phone #

CR2E034 (10/00)