

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000000467

1. Entity Name

GEORGIA MUSIC SUPPLY, INC.

FILED

Mar 02, 2000 8:00 am  
Secretary of State

03-02-2000 90185 023 \*\*\*150.00

Principal Place of Business

Mailing Address

4300-D HIGHLANDS PKWY., S.E.  
SMYRNA GA 30082

4300-D HIGHLANDS PKWY., S.E.  
SMYRNA GA 30082-5127

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

58-1265999

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

SANCHEZ, AMY  
317 S. NORTHLAKE BLVD., #1008  
ALTAMONTE SPRINGS FL 32701

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, 2000 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 PD ☐ Delete  
NAME DECOURCY, RICHARD F  
STREET ADDRESS 4300-D HIGHLANDS PKWY., S.E.  
CITY-ST-ZIP SMYRNA GA 30082

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

TITLE V ☐ Delete  
NAME DECOURCY, KENNETH N  
STREET ADDRESS 4300-D HIGHLANDS PKWY., S.E.  
CITY-ST-ZIP SMYRNA GA 30082

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

TITLE S ☐ Delete  
NAME PEEPLES, RUTH J  
STREET ADDRESS 4300-D HIGHLANDS PKWY., S.E.  
CITY-ST-ZIP SMYRNA GA 30082

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

TITLE T ☐ Delete  
NAME SPENCER-DECOURCY, JULIE  
STREET ADDRESS 4300-D HIGHLANDS PKWY., S.E.  
CITY-ST-ZIP SMYRNA GA 30082

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME Florida Regional V.P. Sales  
STREET ADDRESS Amy G. Sanchez  
CITY-ST-ZIP 317 S. Northlake Blvd. # 1008  
Altamonte Springs, FL 32701

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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 I am empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/22/00 770 333-9500

CR2E034 (9/99)