

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2002 8:00 am
Secretary of State

05-05-2002 90309 018 ****61.25

DOCUMENT # N01000006903

1. Entity Name

THE VILLAGES MUSICAL COMPANY

Principal Place of Business

Mailing Address

1762 W SCHWARTZ BLVD
 LAKD LAKE FL 32159

1762 W SCHWARTZ BLVD
 LAKD LAKE FL 32159

358633



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1762 W. SCHWARTZ BLVD.
 Suite, Apt. #, etc.

3. Mailing Address

1762 W. SCHWARTZ
 Suite, Apt. #, etc.

City & State

LAKD LAKE FL

City & State

LAKD LAKE FL

4. FEI Number

593738852

Applied For

Not Applicable

Zip

Country

32159

SUMTER

Zip

Country

32159

SUMTER

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

GREENFIELD, CAROL
 1762 W SCHWARTZ BLVD
 LAKD LAKE FL 32159

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

Carol Greenfield

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 '02

TITLE	PD	<input type="checkbox"/> Delete
NAME	GREENFIELD, CAROL	
STREET ADDRESS	1762 W SCHWARTZ BLVD	
CITY-ST-ZIP	LAKD LAKE FL 32159	
TITLE	PD	<input type="checkbox"/> Delete
NAME	BOORUM, DIANE	
STREET ADDRESS	1842 W SCHWARTZ BLVD	
CITY-ST-ZIP	LAKD LAKE FL 32159	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHERSON, DOUG	
STREET ADDRESS	2805 BURGOS DR	
CITY-ST-ZIP	LAKD LAKE FL 32159	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E037 (9/01)

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:

Carol Greenfield

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #