2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N02000009691

9087 SE SHARON ST

HOPE SOUND, FL 33455

Address:

City-St-Zip:

Entity Name: JAZZ CULTURAL FORUM OF MARTIN COUNTY, FL INC.

FILED Mar 05, 2003 Secretary of State

Current P	rincipal Place	e of Business:	New Principal Place	of Business:
5205 SE V STUART,	VILLIAMS WAY FL 34997	(
Current Mailing Address:		New Mailing Address:		
P.O.BOX 1 PORT SAI	1563 LERNO, FL 34	1992		
FEI Number	: 02-0674049	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	d Address of C	Current Registered Agent:	Name and Address of	of New Registered Agent:
DRAKE, C 5205 SE V STUART,	VILLIAMS WAY	(
The above				
in the State	e named entity: e of Florida.	submits this statement for the p	ourpose of changing its registere	d office or registered agent, or both,
in the State	e of Florida.	submits this statement for the p	ourpose of changing its registere	d office or registered agent, or both,
in the State	e of Florida. [*] RE:	submits this statement for the parties of the parties of Registered Ag		d office or registered agent, or both, Date
in the State	e of Florida. [*] RE:	nic Signature of Registered Ag	ent	
in the State	e of Florida. RE: Electror S AND DIREC	nic Signature of Registered Age TORS:	ent	Date
in the State SIGNATUI OFFICER: Title: Name: Address:	e of Florida. RE: Electror S AND DIREC D (DRAKE, KIM P.O.BOX 1563 PORT SALERN	nic Signature of Registered Age F TORS:) Delete IO, FL 34992) Delete	ent ADDITIONS/CHANG Title: Name: Address:	Date ES TO OFFICERS AND DIRECTOR
in the State SIGNATUI OFFICER: Title: Name: Address: City-St-Zip: Title: Name: Address:	e of Florida. RE: Electror S AND DIREC D (DRAKE, KIM P.O.BOX 1563 PORT SALERN D (DRAKE, CARO P.O.BOX 1563 PORT SALERN	nic Signature of Registered Age FTORS:) Delete 10, FL 34992) Delete L 10, FL 34992) Delete DIM EON ST	ent ADDITIONS/CHANG Title: Name: Address: City-St-Zip: Title: Name: Address:	Date ES TO OFFICERS AND DIRECTOR () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: MALCOLM SHAW D 03/05/2003