

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N23111

1. Entity Name

NATIONAL MUSIC FOUNDATION, INC.

FILED
Mar 23, 2000 8:00 am
Secretary of State

03-23-2000 90028 001 ****70.00

Principal Place of Business

Mailing Address

70 KEMBLE ST.
LENEX MA 01240
US

70 KEMBLE ST.
LENEX MA 01240-2813
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

5728 MAJOR BLVD

5728 MAJOR BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

200

200

City & State

ORLANDO, FL

City & State

ORLANDO, FL

Zip

32819

Country

Zip

32819

Country

4. FEI Number

59-2852994

Applied For

Not Applicable

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

HAIMES, JUDITH R
10710 SEMINOLE BLVD.
SUITE 3
SEMINOLE FL 34648

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, type 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 10

| | | | |
|---|---------------------------------|--|---|
| PD PENNINGTON, GLORIA 70 KEMBLE ST. 5728 MAJOR BLVD, Ste. 200 LENEX MA 01240 ORLANDO, FL 32819 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| SD HAIMES, JUDITH R 10710 SEMINOLE BLVD, STE 3 SEMINOLE FL 34648 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| T HIGGINS, JOHN P., ESQ. ONE STADIUM DRIVE ST. PETERSBURG FL 33705 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| D CLARK, DICK 3003 WEST OLIVE AVE. BURBANKS CA 91505 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| D DINICOLA, JOEY 1430 GULF BLVD 511 CLEARWATER FL 34630 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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 furnished 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:

Gloria Pennington
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/00

Date

800-872-6874

Daytime Phone #

CR2F037 (9/99)