

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 04, 2002 8:00 am**  
**Secretary of State**

02-04-2002 90187 013 \*\*\*\*70.00

**DOCUMENT # N27603**

1. Entity Name

**ALL FLORIDA YOUTH ORCHESTRA, INCORPORATED**

Principal Place of Business

1708 NO. 40 AVE.  
 HOLLYWOOD FL 33021

Mailing Address

1708 NO. 40 AVE.  
 HOLLYWOOD FL 33021

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

**65-0063799**

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**DIXON, MYRNA**  
**10307 NW 70 ST**  
**TAMARAC FL 33321**

7. Name and Address of New Registered Agent

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

**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

TITLE **TD** ☐ Delete  
 NAME **DIXON, MYRNA**  
 STREET ADDRESS **10307 NW 70TH ST**  
 CITY-ST-ZIP **TAMARAC FL 33321**

TITLE **D** ☐ Delete  
 NAME **JACOBS, RONALD E**  
 STREET ADDRESS **1700 NW 93RD STREET**  
 CITY-ST-ZIP **FORT LAUDERDALE FL 33322**

TITLE **VPD** ☒ Delete  
 NAME **MUNNELLY, ELLEN**  
 STREET ADDRESS **7110 N. W. 45 STREET**  
 CITY-ST-ZIP **CORAL SPRINGS FL 33065**

TITLE **PC** ☐ Delete  
 NAME **WEAVER, BOB**  
 STREET ADDRESS **1708 N. 40 AVE.**  
 CITY-ST-ZIP **HOLLYWOOD FL**

TITLE **SDV** ☐ Delete  
 NAME **WEAVER, MYRA**  
 STREET ADDRESS **1708 N. 40 AVE.**  
 CITY-ST-ZIP **HOLLYWOOD FL**

TITLE **SD** ☐ Delete  
 NAME **FRANK, ALBERT**  
 STREET ADDRESS **7870 NW 54TH ST**  
 CITY-ST-ZIP **LAUDERHILL FL 33351**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **Director** ☐ Change ☒ Addition  
 NAME **Irene Bennett**  
 STREET ADDRESS **3700 NE 30 Avenue**  
 CITY-ST-ZIP **Lighthouse Point FL 33064**

TITLE **Director** ☐ Change ☒ Addition  
 NAME **Gina Moon**  
 STREET ADDRESS **100 J. Andrews Ave**  
 CITY-ST-ZIP **Ft. Lauderdale, FL 33301**

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

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

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

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

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:

*Myrna Dixon*

*1/20/2002 (954) 720-7180*

CR2E037 (9/01)