

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N28631

1. Entity Name

NORTH FLORIDA CHAPTER AMERICAN THEATRE ORGAN SOC

**FILED**  
**Apr 04, 2000 8:00 am**  
**Secretary of State**

04-04-2000 90043 022 \*\*\*\*61.25

Principal Place of Business

Mailing Address

C/O ERLE RENWICK  
~~10377 AUTUMN VALLEY RD.~~  
JACKSONVILLE FL 32257-3327  
US

C/O ERLE RENWICK  
~~10377 AUTUMN VALLEY RD.~~  
JACKSONVILLE FL 32257-3327  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

10661 HEARTHSTONE DR

3. Mailing Address

10661 HEARTHSTONE DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

JACKSONVILLE FL

City & State

JACKSONVILLE FL

4. FEI Number

59-2970771

Applied For

Not Applicable

Zip

32257-3327

Country

US

Zip

32257-3327

Country

US

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

RENWICK, ERLE

~~10377 AUTUMN VALLEY RD.~~  
JACKSONVILLE FL 32257

Name

RENWICK, ERLE

Street Address (P.O. Box Number is Not Acceptable)

10661 HEARTHSTONE DRIVE

City

JACKSONVILLE

FL

Zip Code

32257-3327

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P ☐ Delete  
NAME OSTEEN, ELMER  
STREET ADDRESS 1981 PARENTAL HOME RD  
CITY-ST-ZIP JAX FL 32216

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

TITLE V ☐ Delete  
NAME STROBLE, GENE  
STREET ADDRESS RT 2 BOX 336 W  
CITY-ST-ZIP HILLIARD FL

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

TITLE T ☐ Delete  
NAME RENWICK, ERLE  
STREET ADDRESS 10377 AUTUMN VALLEY RD.  
CITY-ST-ZIP JACKSONVILLE FL

TITLE ☒ Change ☐ Addition  
NAME *ERLE RENWICK*  
STREET ADDRESS *10661 HEARTHSTONE DR*  
CITY-ST-ZIP *JACKSONVILLE FL 32257-3327*

TITLE D ☐ Delete  
NAME LEVEY, BILL  
STREET ADDRESS 3376 NOKOMIS RD  
CITY-ST-ZIP ORANGE PK FL 32065

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

TITLE D ☐ Delete  
NAME CLARKE, WALTER  
STREET ADDRESS 8145 HUNTERS GROVE RD.  
CITY-ST-ZIP JACKSONVILLE FL 32256

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

TITLE S ☒ Delete  
NAME SIKES, ROSEMARY  
STREET ADDRESS RT 2 BOX 3498  
CITY-ST-ZIP HILLIARD FL 32046

TITLE ☒ Change ☐ Addition  
NAME *D JOHN MCCALL*  
STREET ADDRESS *1415 CRESCENT DR*  
CITY-ST-ZIP *MOULTRIE GA 31768*

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 another like empowered.

SIGNATURE:

*ERLE RENWICK JR*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/2/00*  
Date

*904-268-9537 (H)*  
Daytime Phone #

CR2E037 (9/99)