

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N28631

1. Entity Name

NORTH FLORIDA CHAPTER AMERICAN THEATRE ORGAN SOC

FILED
Apr 04, 2001 8:00 am
Secretary of State

04-04-2001 90050 010 ****61.25

0013671

Principal Place of Business-

C/O ERLE RENWICK
10661 HEARTHSTONE DR
JACKSONVILLE FL 32257-6346
US

Mailing Address

C/O ERLE RENWICK
10661 HEARTHSTONE DR
JACKSONVILLE FL 32257-6346
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
59-2970771

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RENWICK, ERLE
10661 HEARTHSTONE DRIVE
JACKSONVILLE FL 32257

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ST
RENWICK, ERLE
10661 HEARTHSTONE DR
JACKSONVILLE FL 32257-3327 ☐ Delete

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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TITLE
NAME
STREET ADDRESS
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:

Erle Renwick Jr ERLE RENWICK JR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/01 904-268-9537

Date

Daytime Phone #

CR2E037 (10/00)