

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2002 8:00 am
Secretary of State

02-28-2002 90075 033 ****61.25

DOCUMENT # N28631

1. Entity Name

NORTH FLORIDA CHAPTER AMERICAN THEATRE ORGAN SOCIETY, INC.

Principal Place of Business

Mailing Address

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

**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

7. Name and Address of New Registered Agent

**RENWICK, ERLE
 10661 HEARTHSTONE DRIVE
 JACKSONVILLE FL 32257**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

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

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

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

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

TITLE
 NAME **D JOHN M. LOCKHART** ☐ Change ☒ Addition
 STREET ADDRESS **1002 ACOSTA ST**
 CITY-ST-ZIP **JACKSONVILLE FL 32202**

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME **D DAVID WALTERS** ☐ Change ☒ Addition
 STREET ADDRESS **7960 OAK PLANK RD**
 CITY-ST-ZIP **JACKSONVILLE FL 32220**

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

2/16/02

904.268-9537

CR2E037 (9/01)