

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 01, 2001 8:00 am**  
**Secretary of State**

06-01-2001 90003 047 \*\*\*\*61.25

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**DOCUMENT # N37803**

1. Entity Name

**MASTERS CHAMBER MUSIC SOCIETY, INC.**

Principal Place of Business

2200 CITRUS VALLEY CR  
 PALM HARBOR FL 34683  
 US

Mailing Address

2200 CITRUS VALLEY CR  
 SUITE 152  
 PALM HARBOR FL 34683  
 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

**59-3029323**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

CROSSLAND, FRANK N.  
 PRESTIGE PROFESSIONAL PARK  
 2651 MCCORMICK DR., SUITE 200  
 CLEARWATER FL 34619

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	C	<input type="checkbox"/> Delete
NAME	ZUPANSIC, JOSEPH	
STREET ADDRESS	1122-19TH ST. SW	
CITY-ST-ZIP	LARGO FL 34640	
TITLE	ST	<input type="checkbox"/> Delete
NAME	ZUPANSIC, MARGUERITE	
STREET ADDRESS	1122-19TH ST. S.W.	
CITY-ST-ZIP	LARGO FL 34640	
TITLE	TT	<input type="checkbox"/> Delete
NAME	DUFF, BILL	
STREET ADDRESS	1113 KAPOK CIRCLE	
CITY-ST-ZIP	CLEARWATER FL 34619	
TITLE	FST	<input type="checkbox"/> Delete
NAME	HAWVER, CAROLE J.	
STREET ADDRESS	2200 CITRUS VALLEY CIRCLE	
CITY-ST-ZIP	PALM HARBOR FL 34683	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 empowerments.

SIGNATURE:

*Carole J. Hawver*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/29/2001 (727) 785-8851

CR2E037 (10/00)