

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90031 045 ****61.25

DOCUMENT # N37803

1. Entity Name

MASTERS CHAMBER MUSIC SOCIETY, INC.

Principal Place of Business

Mailing Address

**2200 CITRUS VALLEY CR
 PALM HARBOR FL 34683
 US**

**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

4. FEI Number

59-3029323

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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

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 **C** ☐ Delete
 NAME **ZUPANSIC, JOSEPH**
 STREET ADDRESS **1122-19TH ST. SW**
 CITY-ST-ZIP **LARGO FL 34640**

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

TITLE **ST** ☐ Delete
 NAME **ZUPANSIC, MARGUERITE**
 STREET ADDRESS **1122-19TH ST. S.W.**
 CITY-ST-ZIP **LARGO FL 34640**

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

TITLE **TT** ☐ Delete
 NAME **DUFF, BILL**
 STREET ADDRESS **1113 KAPOK CIRCLE**
 CITY-ST-ZIP **CLEARWATER FL 34619**

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

TITLE **FST** ☐ Delete
 NAME **HAWVER, CAROLE J.**
 STREET ADDRESS **2200 CITRUS VALLEY CIRCLE**
 CITY-ST-ZIP **PALM HARBOR FL 34683**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ 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 empowered.

SIGNATURE:

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

Date

Daytime Phone #

4/27/02 (727) 785-8851

CR2E037 (9/01)