

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 02, 2001 8:00 am
Secretary of State

02-09-2001 90189 002 *****61.25
 02-09-2001 90189 001 *****8.75

DOCUMENT # N42533

1. Entity Name

FRIENDS OF MUSIC OF CHARLOTTE COUNTY, INC.

Principal Place of Business

PORT CHARLOTTE CULTURAL CENTER
 2280 AARON ST
 PORT CHARLOTTE FL 33952
 US

Mailing Address

P.O. BOX 8041
 PORT CHARLOTTE FL 33949-8041
 US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0259462

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GRAS, EDWIN C
 23053 WESTCHESTER BLVD
 APT G315
 PORT CHARLOTTE FL 33980

7. Name and Address of Now Registered Agent

Name **PAUL G. LARSEN**
 Street Address (P.O. Box Number is Not Acceptable)
~~PO Box 8041~~
22128 MAMARONECK AVE
 City **PORT CHARLOTTE FL** Zip Code **33952**

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

PAUL G. LARSEN *[Signature]* **1-19-01**
 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	D	<input checked="" type="checkbox"/> Delete
NAME	VAN PATTEN, MURIEL M	
STREET ADDRESS	533 SKYLARK LANE	
CITY-ST-ZIP	PORT CHARLOTTE FL 33952	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GRAS, EDWIN C	
STREET ADDRESS	23053 WESTCHESTER BLVD, G315	
CITY-ST-ZIP	PORT CHARLOTTE FL 33980	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	NOONAN, JAMES P	
STREET ADDRESS	18602 AYRSHIRE CIR	
CITY-ST-ZIP	PORT CHARLOTTE FL 33948	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Co. PRESIDENT	
STREET ADDRESS	WANDA H. JUBB	
CITY-ST-ZIP	533 SKYLARK LANE N.W	
	PORT CHARLOTTE, FL 33962	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TREASURER	
STREET ADDRESS	PAUL G. LARSEN	
CITY-ST-ZIP	PO Box 8041	
	PORT CHARLOTTE, FL 33952	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Co. PRESIDENT	
STREET ADDRESS	PHILIP E. PARVIN	
CITY-ST-ZIP	2395 NUREMBERG BLVD	
	PORT CHARLOTTE, FL 33983	
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 empowered.

SIGNATURE:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-31-01
 Date

(941) 629-2324
 Daytime Phone #

CR2E037 (10/00)