

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N42533

1. Entity Name

FRIENDS OF MUSIC OF CHARLOTTE COUNTY, INC.

FILED
Feb 25, 2002 8:00 am
Secretary of State

02-25-2002 90044 050 ****61.25

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

Cultural Center of Charlotte
Suite, Apt. #, etc. Country, Inc

3. Mailing Address

PO Box 495964
Suite, Apt. #, etc.

City & State

Port Charlotte FL

Zip

Country

33949

USA

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 New Registered Agent

Name Wanda H. Jubb
Street Address (P.O. Box Number is Not Acceptable)
533 Skylark Lane
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 Wanda H. Jubb Wanda H. Jubb

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	DCP	<input type="checkbox"/> Delete
NAME	JUBB, WANDA H	
STREET ADDRESS	533 SKYLARK LANE NW	
CITY-ST-ZIP	PORT CHARLOTTE FL 33952	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	LARSEN, PAUL G	
STREET ADDRESS	PO BOX 8041	
CITY-ST-ZIP	PORT CHARLOTTE FL 33952	
TITLE	DCP	<input type="checkbox"/> Delete
NAME	PARVIN, PHILIP E	
STREET ADDRESS	2395 NUREMBERG BLVD	
CITY-ST-ZIP	PORT CHARLOTTE FL 33983	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	/Treas. Dir	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jane R. Daily	
STREET ADDRESS	20519 Albury Dr.	
CITY-ST-ZIP	Port Charlotte, FL 33952	
TITLE	Sec./Dir	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mildred R Muhlberg	
STREET ADDRESS	24317 Kintail Court	
CITY-ST-ZIP	Port Charlotte, FL 33980	
TITLE	First V Pres/Dir	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Connie H Swett	
STREET ADDRESS	10287 Arrowhead Drive	
CITY-ST-ZIP	Port Charlotte, FL 33950	
TITLE	Pres/Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Second V Pres/Dir	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kathy Hollinger	
STREET ADDRESS	366 severin rd	
CITY-ST-ZIP	Port Charlotte, FL 33952	
TITLE	Past Pres./Dir.	<input checked="" 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:

Wanda H. Jubb Wanda H. Jubb

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)