

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90163 039 *****61.25

DOCUMENT # N42533

1. Entity Name

FRIENDS OF MUSIC OF CHARLOTTE COUNTY, INC.



Principal Place of Business

CULTURAL CENTER OF CHARLOTTE COUNTY, INC
2280 AARON ST
PORT CHARLOTTE FL 33952
US

Mailing Address

P.O. BOX 485864
PORT CHARLOTTE FL 33949
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 **65-0259462**

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

JUBB, WANDA H
533 SKYLARK LANE
PORT CHARLOTTE FL 33952

Name **SWETT, CONNIE H,**

Street Address (P.O. Box Number is Not Acceptable)

10287 ARROWHEAD DR.

City **PORT CHARLOTTE**

FL

Zip Code

33950

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Connie H. Swett

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **TD** ☒ Delete
NAME **DAILY, JANE R**
STREET ADDRESS **20519 ALBURY DRIVE**
CITY-ST-ZIP **PORT CHARLOTTE FL 33952**

TITLE **TD** ☐ Change ☒ Addition
NAME **MURIEL M. VAN PATTEN**
STREET ADDRESS **533 SKYLARK LANE N.W.**
CITY-ST-ZIP **PORT CHARLOTTE, FL 33952**

TITLE **SD** ☐ Delete
NAME **MUHLBERG, MILDRED**
STREET ADDRESS **24317 KINTAIL COURT**
CITY-ST-ZIP **PORT CHARLOTTE FL 33980**

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

TITLE **VPD** ☐ Delete
NAME **SWETT, CONNIE H**
STREET ADDRESS **10287 ARROWHEAD DRIVE**
CITY-ST-ZIP **PORT CHARLOTTE FL 33950**

TITLE **PD** ☒ Change ☐ Addition
NAME **SWETT, CONNIE H**
STREET ADDRESS **SAME**
CITY-ST-ZIP

TITLE **PD, PAST** ☐ Delete
NAME **JUBB, WANDA H**
STREET ADDRESS **533 SKYLARK LANE NW**
CITY-ST-ZIP **PORT CHARLOTTE FL 33952**

TITLE **PAST PD** ☒ Change ☐ Addition
NAME **JUBB, WANDA H**
STREET ADDRESS **SAME**
CITY-ST-ZIP

TITLE **VPD** ☐ Delete
NAME **HOLLINGER, KATHY**
STREET ADDRESS **366 SEVERIN ROAD**
CITY-ST-ZIP **PORT CHARLOTTE FL 33952**

TITLE **VICE-PRES** ☒ Change ☐ Addition
NAME **HOLLINGER, KATHY**
STREET ADDRESS **SAME**
CITY-ST-ZIP

TITLE **PPD** ☒ Delete
NAME **PARVIN, PHILIP E**
STREET ADDRESS **2395 NUREMBERG BLVD**
CITY-ST-ZIP **PORT CHARLOTTE FL 33983**

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:

Muriel M. Van Patten **MURIEL M. VAN PATTEN**

1-9-03

941-625-3177

CR2E037 (10/02)