

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000000344

1. Entity Name

MUSIC ON PINE ISLAND, INC.

Principal Place of Business

13551 ROBERTS ROAD
PINELAND FL 33945

Mailing Address

P.O. BOX 551
PINELAND FL 33945

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

65-0394664

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

WORTHINGTON, ELISA S
13551 ROBERTS RD
PINELAND FL 33945

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 NAME STREET ADDRESS CITY-ST-ZIP	PD RUSSLE, SARAH M 16136 BOWLINE ST BOKEELIA FL 33922 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GILMOUR, SHARON R. 7688 BOCILLA LANE BOKEELIA FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WORTHINGTON, JOHN T. 13551 ROBERTS RD PINELAND FL 33945 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SARAH M. RUSSELL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 16136 BOWLINE ST. BOKEELIA, FL 33922 PD
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ELISA S. WORTHINGTON <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 13551 ROBERT RD PINELAND, FL 33945 SD
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: JOHN T. WORTHINGTON REAS.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/01

941-283-3448

Date

Daytime Phone #

CR2E037 (10/00)



DO NOT WRITE IN THIS SPACE

FILED

Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90060 036 ****61.25