## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # N9300001175

1. Entity Name

CONCERT ON THE GREEN, INC.

Principal	Place of Business	

Mailing Address

## FILED Apr 03, 2000 8:00 am Secretary of State 04-03-2000 90191 033 \*\*\*\*61.25

9 Blanding BLVD. Ange Park Fl 32073		589 BLANDING BLVD. ORANGE PARK FL 32073-5057		,	e o	9966	2		
			, ,			2268		HER BURN HERD	
· ·	Place of Business	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & Sta	ate	City & State		4. FEI Numbe	4. FEI Number 59-3170544 Applied For				
Zip .	Country	Zip	Country	5. Certificate (	of Status Desired		8.75 Add		
	6. Name and Address of Current	Bogistored Agent	<u>L</u>		Address of New Re		ee Require		
	6. Name and Address of Current	Hegistered Agent	Name	Name and	Address of New Ne	gistered A			
	R, MARION NDING BLVD	·	Street Ad	dress (P.O. Box Number	is Not Acceptable)				
ORANGE PARK FL 32073			City		<del>,</del>	FL	Zip Code	9	
GNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOT	E: Registered Agent signature	e required when reinstating)	·	DATE			
	FILE NOW: FEE IS \$61.25	9. Election Campaign Trust Fund Contrib		\$5.00 May Be Added to Fees		Check P partment		1	
)	OFFICERS AND DI		11.	ADDITIONS/CHA	NGES TO OFFICER	RS AND DIR			
<u>Addaec</u> s St Zip	PD MCCUMBER, JAMES L 2301 PARK AVE., SUITE 408 ORANGE PARK FL 32073	<b>➢</b> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Addition	
	MCCUMBER, JOY K	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			~	☐ Change	☐ Addition	
^bonus	WEHNER, MARION U	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del></del>			Change	☐ Addition	
	D CRESWELL, BERT 5319 WILDERNESS CIRCLE MIDDLEBURG FL 32048	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	☐ Addition	
- ADDZES	D AAGE SCHRODER	☐ Delete	TITLE NAME STREET ADDRESS				☐ Change	Addition	
ST-ZIP	ORANGE PARK, FL	32073	CITY-ST-ZIP		·				
- Annaro		☐ Delete	TITLE NAME STREET ADDRESS				Change	☐ Addition	
ST-ZIP  L hereby	GREEN COVE SPRINE y certify that the information supplied with		CITY-ST-ZIP	ed in Section 119.07(3)(i	), Florida Statutes. I	further certi	fy that the ir	nformation	

of the corporation or the receiver or suspensive 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