

2001 UNIFORM BUSINESS REPORT (UBR)

2/1:

FILED
Mar 07, 2001 8:00 am
Secretary of State

02-13-2001 90572 029 ****61.25

DOCUMENT # N93000001175

1. Entity Name
CONCERT ON THE GREEN, INC.



Principal Place of Business
 589 BLANDING BLVD.
 ORANGE PARK FL 32073

Mailing Address
 589 BLANDING BLVD.
 ORANGE PARK FL 32073

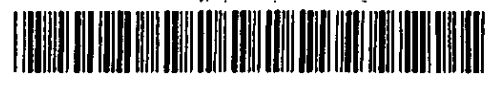
2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Zip Country

4. FEI Number **59-3170544** Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

WEHNER, MARION
589 BLANDING BLVD
ORANGE PARK FL 32073

7. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 **STD**
 NAME **MCCUMBER, JOY K**
 STREET ADDRESS **2301 PARK AVE SUITE 406**
 CITY-ST-ZIP **ORANGE PARK FL 32073**

NAME CHANGE ONLY

TITLE **PRESIDENT**
 NAME **MYERS, JOY K.**
 STREET ADDRESS **2049 E WINTERBOURNE**
 CITY-ST-ZIP **ORANGE PARK, FL 32073**

Change Addition

TITLE **D-SECRETARY**
 NAME **WEHNER, MARION U**
 STREET ADDRESS **589 BLANDING BLVD.**
 CITY-ST-ZIP **ORANGE PARK FL 32073**

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Change Addition

TITLE **D**
 NAME **CRESWELL, BERT**
 STREET ADDRESS **5319 WILDERNESS CIRCLE**
 CITY-ST-ZIP **MIDDLEBURG FL**

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Change Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Delete

TITLE
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Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Change 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: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (10/00)