

# 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3170544

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

WEHNER, MARION  
 589 BLANDING BLVD  
 ORANGE PARK FL 32073

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 **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**  
☐ Delete

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

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

TITLE  
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 CITY-ST-ZIP  
☐ Change ☐ Addition

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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)