

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 30, 1999 8:00 am  
Secretary of State

04-30-1999 90015 018 \*\*\*\*61.25

0006227

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1. Corporation Name

CZECH-AMERICAN SUMMER MUSIC INSTITUTE, INC.

454105 - 90015 - 18

Principal Place of Business

2305 HAMPSHIRE WAY  
TALLAHASSEE FL 32308

Mailing Address

2305 HAMPSHIRE WAY  
TALLAHASSEE FL 32308



2. Principal Place of Business

21 2305 HAMPSHIRE WAY

2a. Mailing Address

26 2305 HAMPSHIRE WAY

3. Date Incorporated or Qualified

12/14/1993

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number  
59-3215999

Applied For

Not Applicable

City & State

23 TALLAHASSEE, FL

City & State

28 TALLAHASSEE, FL 32308

5. Certificate of Status Desired ☐

\$8.75-Additional  
Fee Required

Zip

24 32308

Country

Zip

29 32308

Country

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KUBIK, LADISLAV  
2305 HAMPSHIRE WAY  
TALLAHASSEE FL 32308

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE  
NAME KUBIK, LADISLAV  
STREET ADDRESS 2305 HAMPSHIRE WAY  
CITY-ST-ZIP TALLAHASSEE FL 32308

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VPD ☐ DELETE  
NAME CROFT, J  
STREET ADDRESS 1922 SHARON DR  
CITY-ST-ZIP TALLAHASSEE FL 32304

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D ☐ DELETE  
NAME LUBOMIR, G  
STREET ADDRESS 2210 MENDOZA AVE  
CITY-ST-ZIP TALLAHASSEE FL 32304

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D ☐ DELETE  
NAME SABKOWSKA, J  
STREET ADDRESS 2305 HAMPSHIRE WAY  
CITY-ST-ZIP TALLAHASSEE FL 32308

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/99 (850)644-6884

Date

Daytime Phone #

CR2E037 (1/98)