

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 28, 2001 08:00 AM****Secretary of State****DOCUMENT # N94000005894**1. Entity Name
SOUTH FLORIDA CHAMBER MUSIC FESTIVAL, INC.Principal Place of Business
717 HERON DR
DELRAY BEACH FL 33444
Mailing Address
1080 LINTON BLVD #B5 STE 405
DELRAY BEACH FL 33444

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
65-0543621Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

GREEN PAUL J
717 HERON DR
DELRAY BEACH FL 33444

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 **04/28/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) 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

TITLE	TD	<input type="checkbox"/> Delete
NAME	DORFMAN JACK	
STREET ADDRESS	6478 VIA ROSA	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOBBS RITA	
STREET ADDRESS	501 E CAMINO REAL VILLA 1323	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE	D	<input type="checkbox"/> Delete
NAME	COHEN MARGERY	
STREET ADDRESS	22317 COLLINGTON DRIVE	
CITY-ST-ZIP	BOCA RATON FL 33428	
TITLE	VD	<input type="checkbox"/> Delete
NAME	GELFAND EDITH	
STREET ADDRESS	134 ATLANTIC AVE.	
CITY-ST-ZIP	PALM BEACH FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	GREEN LISA D	
STREET ADDRESS	717 HERON DR	
CITY-ST-ZIP	DELRAY BEACH FL 33444	
TITLE	PD	<input type="checkbox"/> Delete
NAME	GREEN PAUL	
STREET ADDRESS	717 HERON DR	
CITY-ST-ZIP	DELRAY BEACH FL 33444	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VASQUEZ WILLIAM	
STREET ADDRESS	9788 NW 18TH ST.	
CITY-ST-ZIP	POMPANO BEACH FL 33071	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TANNER ALISON	
STREET ADDRESS	17284 LAKE PARK RD.	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREEN PAUL	
STREET ADDRESS	717 HERON DR	
CITY-ST-ZIP	DELRAY BEACH FL 33444	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: **Paul J. Green** D **04/28/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (11/00)

NANCY MCGINN
172 QUEENSLAND LANE

JUPITER, FL 33458