

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2003 8:00 am
Secretary of State

05-12-2003 90211 006 ****75.00

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
1730 S. Federal Hwy.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Delray Beach, FL

4. FEI Number 65-0543621

Applied For

Not Applicable

Zip

Country

Zip
33483

Country

U.S.A.

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

GREEN, PAUL J
717 HERON DR
DELRAY BEACH FL 33444

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **TD** ☐ Delete
NAME **GREEN, PAUL**
STREET ADDRESS **717 HERON DR**
CITY-ST-ZIP **DELRAY BEACH FL 33444**

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

TITLE **SD** ☐ Delete
NAME **GREEN, LISA D**
STREET ADDRESS **717 HERON DR**
CITY-ST-ZIP **DELRAY BEACH FL 33444**

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

TITLE **VD** ☐ Delete
NAME **GELFAND, EDITH**
STREET ADDRESS **134 ATLANTIC AVE.**
CITY-ST-ZIP **PALM BEACH FL**

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

TITLE **PD** ☐ Delete
NAME **GOLDSTEIN, ARNOLD**
STREET ADDRESS **942 EVERGREEN DR**
CITY-ST-ZIP **DELRAY BEACH FL 33483**

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

TITLE **D** ☒ Delete
NAME **TANNER, ALISON**
STREET ADDRESS **17284 LAKE PARK RD.**
CITY-ST-ZIP **BOCA RATON FL 33487**

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

TITLE **D** ☐ Delete
NAME **MCGINN, NANCY**
STREET ADDRESS **172 QUEENSLAND LANE**
CITY-ST-ZIP **JUPITER FL 33458**

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

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:

Paul J. Green
PAUL J. GREEN

4/30/03 (561) 272-0670

CR2E037 (10/02)