

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000006339

1. Entity Name

YOUNG ARTIST'S CHAMBER ORCHESTRA, INC.

**FILED**  
**May 12, 2000 8:00 am**  
**Secretary of State**

05-12-2000 90070 041 \*\*\*\*61.25

Principal Place of Business

Mailing Address

8534 NW 21 MANOR  
 CORAL SPRINGS FL 33071

8534 NW 21 MANOR  
 CORAL SPRINGS FL 33071-6266

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0547722

Applied For

Not Applicable

Zip

Country

Zip

Country

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

HELLER, RICHARD D  
 C/O TRIPP, SCOTT, CONKLIN & SMITH  
 110 S.E. 6TH ST., 28TH FL, 110 TOWER  
 FT LAUDERDALE FL 33302

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 D ☐ Delete  
 NAME DOWNING, BRENDA R.  
 STREET ADDRESS 8534 NW 21 MANOR  
 CITY-ST-ZIP CORAL SPRINGS FL

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

TITLE D ☐ Delete  
 NAME PRICE, JAMES  
 STREET ADDRESS 8900 NW 77 CT APT 121  
 CITY-ST-ZIP TAMARAC FL 33321

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

TITLE D ☐ Delete  
 NAME NEWMAN, MARVIN  
 STREET ADDRESS 3430 SADDLEBROOK LANE  
 CITY-ST-ZIP FT LAUDERDALE FL 33331

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

TITLE D ☐ Delete  
 NAME NEWMAN, GAIL D  
 STREET ADDRESS 3430 SADDLEBROOK LANE  
 CITY-ST-ZIP FT LAUDERDALE FL 33331

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

TITLE D ☐ Delete  
 NAME SANKIN, LESLEY  
 STREET ADDRESS 1749 NW 88 WAY  
 CITY-ST-ZIP CORAL SPRINGS FL 33071

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

TITLE D ☐ Delete  
 NAME SIMMONS, WENDELL  
 STREET ADDRESS 4733 NW 96 DR  
 CITY-ST-ZIP CORAL SPRINGS FL 33076

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:

*Brenda Downing*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-00

954-344-3405

Date

Daytime Phone #

CR2E037 (9/99)