

2000 UNIFORM BUSINESS REPORT (UBR)

1/27/00-90114-030-\$61.25-\$61.25

DOCUMENT # N95000001277

1. Entity Name

FOUNDATION FOR ART AND MUSIC EDUCATION, INC.

FILED

00 MAR -3 PM 1:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

1128 N.W. 13TH STREET
GAINESVILLE FL 32601

1128 N.W. 13TH STREET
GAINESVILLE FL 32601-4136

2. Principal Place of Business

3. Mailing Address

ACADEMY OF MUSIC + ART
Suite, Apt. #, etc.

1128 NW 13TH ST
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

GAINESVILLE FL

City & State

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip 32601

Country ALACHUA

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

MICHA, REBECCA
5714 N.W. 42ND ROAD
GAINESVILLE FL 32606

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

Rebecca Michael

1/25/00
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 D
NAME MICHA, REBECCA
STREET ADDRESS 5714 NW 42ND RD
CITY-ST-ZIP GAINESVILLE FL 32606 ☐ Delete

TITLE D
NAME VCD
NAME SCHULLE, MARK
STREET ADDRESS 4310 SW 20TH LANE
CITY-ST-ZIP GAINESVILLE FL 32607 ☐ Delete

TITLE SED
NAME LADENHEIM, JEFF
STREET ADDRESS 3711 NW 22ND PLACE
CITY-ST-ZIP GAINESVILLE FL 32605 ☒ Delete

TITLE D
NAME ROBERTA ROTHMAN
STREET ADDRESS 5424 NW 35TH DRIVE
CITY-ST-ZIP GAINESVILLE FL 32653 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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

Rebecca Michael 2/29/00 372-8004
Date Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KE