

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2000 8:00 am
Secretary of State

01-13-2000 90019 034 ****70.00

DOCUMENT # N95000004251

1. Entity Name

GULF COAST BLUEGRASS MUSIC ASSOCIATION, INC.

Principal Place of Business

Mailing Address

C/O SHIRLEY LINCOLN
 6264 JAYS WAY
 MILTON FL 32570

C/O SHIRLEY LINCOLN
 6264 JAYS WAY
 MILTON FL 32570-7846

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

59-3238461

Applied For

Not Applicable

5. Certificate of Status Desired **FL**

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COPELAND, DONALD L.
 3240 GREEN VALLEY DRIVE
 PENSACOLA FL 32526

Name **Shirley Lincoln**

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

6264 Jays Way

City **Milton**

FL

Zip Code **32570**

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

Shirley Lincoln

1-5-2000

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 **COPELAND, DON**
 STREET ADDRESS **3240 GREEN VALLEY DRIVE**
 CITY-ST-ZIP **PENSACOLA FL 32526**

TITLE **D Keith Rowell** Change Addition
 NAME **5684 ZINNIA AV.**
 STREET ADDRESS **MILTON FL 32570**
 CITY-ST-ZIP

TITLE **VP** Delete
 NAME **CARSON, JOHN**
 STREET ADDRESS **1237 CHISHOLM TRAIL**
 CITY-ST-ZIP **PENSACOLA BEACH FL 32514**

TITLE **VP** Change Addition
 NAME **Dwight Lincoln**
 STREET ADDRESS **6264 Jays Way**
 CITY-ST-ZIP **Milton FL 32570**

TITLE **BD** Delete
 NAME **WADE, FRANK**
 STREET ADDRESS **114 LILE STREET**
 CITY-ST-ZIP **OPP AL 36467**

TITLE **BD** Change Addition
 NAME **OT's Pollitt**
 STREET ADDRESS **5008 Mathew Rd**
 CITY-ST-ZIP **Pace FL 32571**

TITLE **P** Delete
 NAME **LOGAN, FINK**
 STREET ADDRESS **7210 BELGUIM RD**
 CITY-ST-ZIP **PENSACOLA FL 32526**

TITLE Change Addition

TITLE **D** Delete
 NAME **BATES, O. D.**
 STREET ADDRESS **5026 WILLARD NORRIS ROAD**
 CITY-ST-ZIP **MILTON FL**

TITLE Change Addition

TITLE **S** Delete
 NAME **COPELAND, CHERYL**
 STREET ADDRESS **3240 GREEN VALLEY DRIVE**
 CITY-ST-ZIP **PENSACOLA FL 32526**

TITLE **S Shirley Lincoln** Change Addition
 NAME **6264 Jays Way**
 STREET ADDRESS **Milton FL 32570**
 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:

SIGNATURE *Shirley Lincoln*

1-5-2000

850-624-9349

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)