

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 22, 2001 8:00 am
Secretary of State

01-22-2001 90134 044 ****70.00

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DOCUMENT # N95000004251

1. Entity Name
GULF COAST BLUEGRASS MUSIC ASSOCIATION, INC.

Principal Place of Business C/O SHIRLEY LINCOLN 6264 JAYS WAY MILTON FL 32570	Mailing Address C/O SHIRLEY LINCOLN 6264 JAYS WAY MILTON FL 32570
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 59-3238461	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
Zip	Country	Zip	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**LINCOLN, SHIRLEY
 6264 JAYS WAY
 MILTON FL 32570**

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 Shirley Lincoln - Sec. Shirley Lincoln 1-10-01
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

TITLE	D	<input type="checkbox"/> Delete
NAME	ROWELL, KEITH	
STREET ADDRESS	5684 ZINNIA AVE	
CITY-ST-ZIP	MILTON FL 32570	
TITLE	VP	<input type="checkbox"/> Delete
NAME	LINCOLN, DWIGHT	
STREET ADDRESS	6264 JAYS WAY	
CITY-ST-ZIP	MILTON FL 32570	
TITLE	VP	<input type="checkbox"/> Delete
NAME	POLLITT, OTIS	
STREET ADDRESS	5008 MATHEW RD	
CITY-ST-ZIP	PACE FL 32591	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LOGAN, FINK	
STREET ADDRESS	7210 BELGUIM RD	
CITY-ST-ZIP	PENSACOLA FL 32526	
TITLE	D	<input type="checkbox"/> Delete
NAME	BATES, O. D.	
STREET ADDRESS	5026 WILLARD NORRIS ROAD	
CITY-ST-ZIP	MILTON FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	LINCOLN, SHIRLEY	
STREET ADDRESS	6264 JAYS WAY	
CITY-ST-ZIP	MILTON FL 32570	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	<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	

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 REQUIRED Shirley Lincoln 1-10-01 850-626-9349
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)