

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000003722

1. Entity Name

COMMUNITY MUSIC SCHOOL OF SOUTH FLORIDA, INC.

**FILED**  
**Mar 24, 2000 8:00 am**  
**Secretary of State**

03-24-2000 90096 029 \*\*\*\*70.00

Principal Place of Business

Mailing Address

172 YACHT HARBOR DR  
OSPREY FL 34229  
US

4029 BEE RIDGE RD  
STE 5111  
SARASOTA FL 34233-2549  
US

2. Principal Place of Business

3. Mailing Address

85 COCONUT AVE.

85 COCONUT AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SARASOTA, FL

City & State

SARASOTA, FL

4. FEI Number

65-0685932

Applied For

Not Applicable

Zip

34236

Country

USA

Zip

34236

Country

USA

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

GELDI, JOHN J JR  
172 YACHT HARBOR DRIVE  
OSPREY FL 34229-9727

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 ☐ Delete  
NAME CD  
STREET ADDRESS GELDI, JOHN J JR  
CITY-ST-ZIP 172 YACHT HARBOR DRIVE  
OSPREY FL

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

TITLE ☐ Delete  
NAME VPD  
STREET ADDRESS LOVINGOOD, JOAN M  
CITY-ST-ZIP 4560 COOPER RD  
SARASOTA FL 34232

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

TITLE ☐ Delete  
NAME TD  
STREET ADDRESS MOULTON, MAR L  
CITY-ST-ZIP 3798 COUNTRYSIDE RD  
SARASOTA FL 34233

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

TITLE ☐ Delete  
NAME SD  
STREET ADDRESS GELDI, MARY C  
CITY-ST-ZIP 172 YACHT HARBOR DR  
OSPREY FL 34229

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

TITLE ☒ Delete  
NAME VPTD  
STREET ADDRESS MOULTON, MARY  
CITY-ST-ZIP 3798 COUNTRYSIDE RD  
SARASOTA FL 34229

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/17/00

941 953 4410

CR2E037 (9/99)