

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 03, 2001 8:00 am**  
**Secretary of State**

07-03-2001 90001 038 \*\*\*\*70.00

**DOCUMENT # N96000003722**

1. Entity Name

**COMMUNITY MUSIC SCHOOL OF SOUTH FLORIDA, INC.**

(AK)

**554299**



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

85 COCOANUT AVE  
 SARASOTA FL 34236  
 US

85 COCOANUT AVE  
 SARASOTA FL 34236  
 US

2. Principal Place of Business

3. Mailing Address

Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0685932**

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

**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 *John J. Geldi Jr.*  
 Signature, typed or printed name of registered agent and title if applicable.

*JOHN J. GELDI JR. CHAIRMAN BOARD OF TRUSTEES 4/14/01*  
 (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 NAME STREET ADDRESS CITY-ST-ZIP	CD GELDI, JOHN J JR 172 YACHT HARBOR DRIVE OSPREY FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOVINGOOD, JOAN M 4560 COOPER RD SARASOTA FL 34232	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MOULTON, MAR L 3798 COUNTRYSIDE RD SARASOTA FL 34233	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SDT GELDI, MARY C 172 YACHT HARBOR DR OSPREY FL 34229	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>RICIA SEVEN</i> <i>7460 MYNICA DR.</i> <i>SARASOTA, FL 34241</i>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>JOHN WIGINTON</i> <i>6713 HICKORY HARBOR CIR.</i> <i>BRADEN RIVER, FL 34202</i>	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>VD</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>D</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>D</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 another like empowered.

SIGNATURE: *JOHN J. GELDI JR.* *4/16/01* *941 918 0742*

CR2E037 (10/00)