

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90838 036 ****61.25

DOCUMENT # N96000006257

1. Entity Name

BOCA RATON MUSIC STUDY CLUB, INC.



Principal Place of Business

**115 SW 14TH ST
BOYNTON BEACH FL 33426-4641**

Mailing Address

**115 SW 14TH ST
BOYNTON BEACH FL 33426**

DBA BOCA DELRAY MUSIC SOCIETY

00000007

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0452701**

Applied For

Not Applicable

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

BAKER, DOROTHY P TREAS.

**115 SW 14TH ST
BOYNTON BEACH FL 33426**

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☒ Delete
NAME **SCHUEHLER, MARY**
STREET ADDRESS **828 FORSYTH ST**
CITY-ST-ZIP **BOCA RATON FL 33487**

TITLE **V.P.** ☐ Change ☒ Addition
NAME **MRS JOAN WEIR**
STREET ADDRESS **1775 PARK TREE PLACE**
CITY-ST-ZIP **DELRAY BEACH FL 33445**

TITLE **VD** ☐ Delete
NAME **SURETTE, MARILYN**
STREET ADDRESS **10420 LAKE VISTA CIRCLE**
CITY-ST-ZIP **BOCA RATON FL 33498**

TITLE **PRES.** ☒ Change ☐ Addition
NAME **TUTTLE, CONSTANCE**
STREET ADDRESS **1312 LAKE DRIVE**
CITY-ST-ZIP **DELRAY BEACH FL 33444**

TITLE **PD** ☐ Delete
NAME **WALKER, HELEN**
STREET ADDRESS **3581 LAKEVIEW DR**
CITY-ST-ZIP **DELRAY BEACH FL 33445**

TITLE **TUTTLE, PRIEST, CONSTANCE** ☒ Change ☐ Addition
NAME **SAME**
STREET ADDRESS **1312 LAKE DRIVE**
CITY-ST-ZIP **DELRAY BEACH FL 33444**

TITLE **D** ☐ Delete
NAME **TUTTLE, CONSTANCE**
STREET ADDRESS **1312 LAKE DRIVE**
CITY-ST-ZIP **DELRAY BEACH FL 33444**

TITLE **TD** ☐ Delete
NAME **BAKER, DOROTHY**
STREET ADDRESS **115 SW 14TH ST**
CITY-ST-ZIP **BOYNTON BEACH FL 33426**

TITLE **TD** ☐ Delete
NAME **BAKER, DOROTHY**
STREET ADDRESS **115 SW 14TH ST**
CITY-ST-ZIP **BOYNTON BEACH FL 33426**

TITLE **TD** ☐ Delete
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TITLE **TD** ☐ Delete
NAME **BAKER, DOROTHY**
STREET ADDRESS **115 SW 14TH ST**
CITY-ST-ZIP **BOYNTON BEACH FL 33426**

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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-06-03

561-738-5082

CR2E037 (10/02)