

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2000 8:00 am
Secretary of State

02-04-2000 90045 015 ****70.00

DOCUMENT # N98000000203

1. Entity Name

HERNANDO SUZUKI SCHOOL OF MUSIC, INC.

Principal Place of Business

Mailing Address

**15009 CORTEZ BLVD.
 BROOKSVILLE FL 34613**

**15009 CORTEZ BLVD.
 BROOKSVILLE FL 34613-6069**

2. Principal Place of Business

3. Mailing Address

P.O. Box 15807

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

BROOKSVILLE FL

4. FEI Number

59-3489827

Applied For

Not Applicable

Zip

Country

Zip

Country

34609

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

**SEYFERTH, THELMA
 10914 130 AVE NO
 LARGO FL 33778**

Name

RAY SEYFERTH

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

12214 MAGNOLIA GROVE LANE

City

BAYONET PT.

FL

Zip Code

34667

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

1/30/2000

**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 **CD** ☒ Delete
 NAME **MURRIN, CHARLOTTE**
 STREET ADDRESS **4345 MARINER BLVD**
 CITY-ST-ZIP **SPRING HILL FL 34609**

TITLE **DS** ☐ Change ☒ Addition
 NAME **LYNN SULLIVAN**
 STREET ADDRESS **4050 BRECKLAND CT**
 CITY-ST-ZIP **SPRING HILL FL 34609**

TITLE **SD** ☒ Delete
 NAME **MURRIN, KEN**
 STREET ADDRESS **4345 MARINER BLVD**
 CITY-ST-ZIP **SPRING HILL FL 34609**

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

TITLE **VD** ☐ Delete
 NAME **SEYFERTH, RAY**
 STREET ADDRESS **12214 MAGNOLIA GROVE LANE**
 CITY-ST-ZIP **BAYONET POINT FL 34667**

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

TITLE **DT** ☐ Delete
 NAME **SEYFERTH, THELMA**
 STREET ADDRESS **10914 130 AVE N**
 CITY-ST-ZIP **LARGO FL 33778**

TITLE **DPT** ☒ Change ☐ Addition
 NAME **THELMA SEYFERTH**
 STREET ADDRESS **12214 MAGNOLIA GROVE LANE**
 CITY-ST-ZIP **BAYONET POINT FL 34667**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: **THELMA SEYFERTH** 01/30/00 (727) 861-2320

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #