

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000001659

1. Entity Name

HAYDN SOCIETY OF FLORIDA, INC.

FILED
Oct 01, 2002 8:00 am
Secretary of State

09-11-2002 90063 049 ****61.25

Principal Place of Business

Mailing Address

1239 NE 17 TERRACE
FT LAUDERDALE FL 33304

1350 E SUNRISE BLVD
STE 104
FT LAUDERDALE FL 33304
US

2. Principal Place of Business

732 NW 29 ST

Suite, Apt. #, etc.

3. Mailing Address

732 NW 29 ST

Suite, Apt. #, etc.

City & State

Wilton Manors FL

City & State

Wilton Manors FL

Zip

33311

Country

USA

Zip

33311

Country

USA

4. FEI Number

65-0826995

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SIGURDSON, STEVEN

1239 NE 17 TERRACE

FT. LAUDERDALE FL 33304

7. Name and Address of New Registered Agent

Name Steven Sigurdson

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

732 NW 29 Street

City Wilton Manors

FL

Zip Code 33311

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 Steven Sigurdson, Music Director Steven Sigurdson 9/5/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

After September 13, 2002,
min. will be \$236.25.

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
C	KOHLMEYER, DIANE	1101 RIVER BEACH DR, #219	DAVIE FL 33324	<input type="checkbox"/>
D	CORDREY, JOE	COL. CENTRO 37700	SAN MIGUEL DE ALLENDE, GTO	<input checked="" type="checkbox"/>
D	BOWES, PATRICIA	1109 NE 2ND AVE	DELRAY BEACH FL 33444	<input checked="" type="checkbox"/>
D	KATZ, ALEXANDER	500 N. CONGRESS AVE B202	DELRAY BEACH FL 33445	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
C, D	Kohlmeier, Diane	1101 River Beach Dr, #219	DAVIE, FL 33324	<input checked="" type="checkbox"/>
	Rick Rattray	6454 Via Rosa	Boca Raton FL 33433	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
D	Bowes, Patricia	1109 NE 2nd Ave	Delray Beach FL 33444	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E037 (4/02)

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: Steven Sigurdson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/5/02

Date

954-522-8532

Daytime Phone