

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000001685

1. Entity Name

FLORIDA SCHOOL MUSIC ASSOCIATION, INCORPORATED

Principal Place of Business

Mailing Address

207 OFFICE PLAZA DRIVE
TALLAHASSEE FL 32308

207 OFFICE PLAZA DRIVE
TALLAHASSEE FL 32301-2807

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

52-2092192

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

PERRY, JAMES T
207 OFFICE PLAZA DRIVE
TALLAHASSEE FL 32301

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 PD ☐ Delete
NAME ORTEGA, MERRY
STREET ADDRESS 1717 WEST THARPE ST.
CITY-ST-ZIP TALLAHASSEE FL 32308

TITLE PD ☒ Change ☐ Addition
NAME LANE, VERTIS
STREET ADDRESS 801 Glenridge Way
CITY-ST-ZIP Winter Park, FL 32789

TITLE PED ☐ Delete
NAME LANE, VERTIS
STREET ADDRESS 6401 SW 152ND AVE.
CITY-ST-ZIP MIAMI FL 33193

TITLE PDD ☒ Change ☐ Addition
NAME Upthegrove, Edward
STREET ADDRESS P.O. Box 1980
CITY-ST-ZIP La Belle, FL 33925

TITLE PPD ☐ Delete
NAME SANZ, KATHLEEN
STREET ADDRESS 7227 LAND O' LAKES BLVD.
CITY-ST-ZIP LAND O' LAKES FL 34639

TITLE PPD ☒ Change ☐ Addition
NAME Ortega, MERRY
STREET ADDRESS 7200 Thomasville Rd
CITY-ST-ZIP Tallahassee, FL 32312

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

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 #

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90240 015 ****61.25

00008636



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)