

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000005059

1. Entity Name

THE JACKSONVILLE CHILDREN'S CHORUS, INC.

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90037 009 ****61.25

Principal Place of Business

Mailing Address

9460 PICKWICK DRIVE
JACKSONVILLE FL 32257

9460 PICKWICK DRIVE
JACKSONVILLE FL 32257-5417

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

59-3583678 APPLIED FOR

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

SARTORIUS, ARTHUR G III
1919 ATLANTIC BOULEVARD
JACKSONVILLE FL 32207

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
NAME SPENCER, KENDALL
STREET ADDRESS 13840 ADMIRALS BEND DR
CITY-ST-ZIP JACKSONVILLE FL 32225 ☐ Delete

TITLE D
NAME Alton W. Yates
STREET ADDRESS 2392 Ribault Scenic Dr
CITY-ST-ZIP Jacksonville FL 32208 ☐ Change ☒ Addition

TITLE VPD
NAME HOWLE, MARY J
STREET ADDRESS 1637 MT VERNON DR
CITY-ST-ZIP JACKSONVILLE FL ☐ Delete

TITLE D
NAME Audrey McKibbin Moran
STREET ADDRESS 9356 River Pine Rd
CITY-ST-ZIP Jacksonville FL 32257 ☐ Change ☒ Addition

TITLE STD
NAME COOPER, CHARLOTTE
STREET ADDRESS 5224 RIVER PARK VILLA DR
CITY-ST-ZIP ORANGEDALE FL 32092 ☐ Delete

TITLE D
NAME CATHERINE PLOUGH
STREET ADDRESS 601 Pineland Rd
CITY-ST-ZIP JACKSONVILLE FL 32259 ☐ Change ☒ Addition

TITLE D
NAME SARTORIUS, ARTHUR G III
STREET ADDRESS 1919 ATLANTIC BLVD
CITY-ST-ZIP JACKSONVILLE FL 32207 ☐ Delete

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

TITLE D
NAME CONDON, JANE
STREET ADDRESS 275 S 1ST STREET
CITY-ST-ZIP JACKSONVILLE BCH FL ☒ Delete

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

TITLE D
NAME TAYLOR, JIM
STREET ADDRESS 9460 PICKWICK DR
CITY-ST-ZIP JACKSONVILLE FL 32257 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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 all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)