

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000006562

1. Entity Name

AMERICAN CONSERVATORY OF MUSIC INC.

FILED
Jul 26, 2001 8:00 am
Secretary of State

07-26-2001 90001 011 ****61.25

Principal Place of Business Mailing Address
C/O JANE C HAYES & ASSOCIATES PAR 424 C/O JANE C HAYES & ASSOCIATES PAR 424
1040 BAYVIEW DRIVE 1040 BAYVIEW DRIVE
FORT LAUDERDALE FL 33304 FORT LAUDERDALE FL 33304

2. Principal Place of Business 3. Mailing Address
2760 N.E. 5th St. 2760 N.E. 5th St.
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Pompano Beach, FL Pompano Beach, FL
Zip Country Zip Country
33062 USA 33062 USA

4. FEI Number 65-0877405 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

JANE C. HAYES AND ASSOCIATES, P.A. CERTIFI
C/O JANE C HAYES & ASSOCIATES PAR 424
1040 BAYVIEW DRIVE
FORT LAUDERDALE FL 33304

Name Jane C. Hayes, CPA
Street Address (P.O. Box Number is Not Acceptable)
2760 N.E. 5th St.

City Pompano Beach, FL FL Zip Code 33062

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
After September 12, 2001, 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 PD ☐ Delete
NAME COUGHLIN, PAUL
STREET ADDRESS 444 E. 82ND ST #18 E.
CITY-ST-ZIP NEW YORK NY 10028

TITLE VPD ☐ Delete
NAME JORDON, PAUL
STREET ADDRESS 16 HUGHES PLACE
CITY-ST-ZIP NEW HAVEN CT 06511

TITLE SD ☐ Delete
NAME MAHAFFEY, ROBERT
STREET ADDRESS 501 LAKE DR.
CITY-ST-ZIP DELRAY BEACH FL 33444

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
NAME
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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:

Robert Mahaffey

7/17/01 (36) 265-0684

CR2E037 (5/01)