

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 06, 2001 8:00 am**  
**Secretary of State**

05-17-2001 90390 009 \*\*\*\*61.25

0001478

**DOCUMENT # N99000001717**

1. Entity Name

**NORTH FLORIDA MUSIC ASSOCIATION, INC.**

Principal Place of Business

333 FIRST ST N  
 #305  
 JACKSONVILLE BEACH FL 32250

Mailing Address

333 FIRST ST N  
 #305  
 JACKSONVILLE BEACH FL 32250

2. Principal Place of Business

P.O. Box 49092

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 49092

Suite, Apt. #, etc.

12070



DO NOT WRITE IN THIS SPACE

City & State

Jacksonville Beach, FL

City & State

Jacksonville Beach, FL

4. FEI Number

59-3563611

Applied For

Not Applicable

Zip

Country

32240

Dual

Zip

Country

32240

Dual

5. Certificate of Status Desired

☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

FITZGERD, MICHAEL R  
 2949 FOREST BLVD  
 JACKSONVILLE FL 32246

7. Name and Address of New Registered Agent

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**  
**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	D	<input type="checkbox"/> Delete
NAME	FITZGERALD, MICHAEL	
STREET ADDRESS	2949 FOREST BLVD	
CITY-ST-ZIP	JACKSONVILLE FL 32246	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	BLACK, ERIC S	
STREET ADDRESS	203 WASHINGTON ST	
CITY-ST-ZIP	JACKSONVILLE FL 32202	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MILLER, JOHN	
STREET ADDRESS	333 FIRST ST N. #305	
CITY-ST-ZIP	JACKSONVILLE BEACH FL 32250	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	COHEN, LARRY P	
STREET ADDRESS	P.O. BOX 105, ORTEGA ST	
CITY-ST-ZIP	JACKSONVILLE FL 32210	
TITLE	D	<input type="checkbox"/> Delete
NAME	SIMMONS, JOHN	
STREET ADDRESS	136 14TH AV S 3D	
CITY-ST-ZIP	JACKSONVILLE BEACH FL 32250	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rob Gilmore	
STREET ADDRESS	2077 St. Martins Dr. W.	
CITY-ST-ZIP	Jacksonville, FL 32246	
TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sarah Hernandez	
STREET ADDRESS	9117 Hogan Rd.	
CITY-ST-ZIP	Jacksonville, FL 32216	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S/T D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	John Simmons	
STREET ADDRESS	136 14th Ave. S #D	
CITY-ST-ZIP	Jacksonville Beach, FL 32250	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED**

083101 904-399-8825

CR2EQ37 (5/01)

*Attachment*

*# 29900001717*

*12670*

North Florida Music Association, Inc.  
P.O. Box 49092  
Jacksonville Beach, Florida 32240  
August 31, 2001

Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, Florida 32032-1500

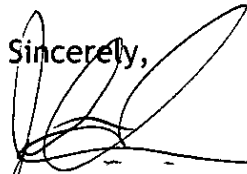
Dear Folks:

Please find enclosed the 2001 Uniform Business Report for the North Florida Music Association, Inc. I understand from the previous secretary/treasurer of this organization that the fee has been paid but that the forms were incorrectly filled out and returned to him. I am resubmitting the forms.

If there are any problems with this filing, please call me at the daytime number 904-399-8825.

Thank you for your assistance in this matter.

Sincerely,



John Simmons, Secretary/Treasurer  
North Florida Music Association