

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 03, 2003 8:00 am**  
**Secretary of State**

03-03-2003 90726 001 \*\*\*\*\*8.75  
03-03-2003 90726 002 \*\*\*\*\*61.25

**DOCUMENT # N99000006266**

1. Entity Name

**THE AUDIO PLAYGROUND SYNTHESIZER MUSEUM, INC.**



Principal Place of Business

**699 CLAY ST  
WINTER PARK FL 32789**

Mailing Address

**699 CLAY ST  
WINTER PARK FL 32789**

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 **59-3552118**

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

**RIVERS, JOSEPH  
699 CLAY ST  
WINTER PARK FL 32789**

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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	<b>PD RIVERS, JOSEPH</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>699 CLAY STREET</b>	
CITY-ST-ZIP	<b>WINTER PARK FL 32789</b>	
TITLE NAME	<b>SD BROWN, MARTHA</b>	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	<b>6138 BURKLEY COURT</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32809</b>	
TITLE NAME	<b>D RIVERS, YOLANDA</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>9085 NW 52ND TERRACE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33178</b>	
TITLE NAME	<b>D MORAZ, PATRICK</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>5286 N. ORANGE BLOSSOM TRAIL, #205</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32810</b>	
TITLE NAME	<b>D MOORE, DENISE</b>	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	<b>6138 BURKLEY COURT</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32809</b>	
TITLE NAME	<b>D RIVERS, MICHELE</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>699 CLAY STREET</b>	
CITY-ST-ZIP	<b>WINTER PARK FL 32789</b>	

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	<b>Justin Greathouse</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>108 E. Lauren Ct.</b>	
CITY-ST-ZIP	<b>Fern Park, FL 32730</b>	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	<b>Kevin Kelley</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>9870 86th way</b>	
CITY-ST-ZIP	<b>Largo, FL 33777</b>	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

CR2E037 (10/02)

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: SIGNATURE REQUIRED**

**2-28-03**

**407 628-2119**