

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED****Aug 04, 2000 8:00 am**  
**Secretary of State**

08-04-2000 90006 014 \*\*\*\*61.25

**DOCUMENT # N99000006482**

1. Entity Name

**THE JACKSONVILLE MASTERWORKS CHORALE, INC.****(P)**

Principal Place of Business

**12987 BRADY ROAD  
JACKSONVILLE FL 32223**

Mailing Address

**12987 BRADY ROAD  
JACKSONVILLE FL 32223**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**59-3612709**

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

**YOST, MELVIN W  
12987 BRADY ROAD  
JACKSONVILLE FL 32223**

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 13, 2000 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	<b>D</b>	<input type="checkbox"/> Delete	<b>YOST, MELVIN W</b>	<b>V/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
	<b>12987 BRADY ROAD</b>		<b>JACKSONVILLE FL 32223</b>				
	<b>D</b>	<input type="checkbox"/> Delete	<b>TAYLOR, JAMES W</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
	<b>9460 PICKWICK DRIVE</b>		<b>JACKSONVILLE FL 32257</b>				
	<b>D</b>	<input type="checkbox"/> Delete	<b>HYSLER, JODY L</b>	<b>V/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
	<b>7831 FAWN VALLEY LANE</b>		<b>JACKSONVILLE FL 32205</b>				
	<b>D</b>	<input checked="" type="checkbox"/> Delete	<b>CHARLTON, RONALD K</b>	<b>P/D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
	<b>8221 HIDDEN LAKE DRIVE, NORTH</b>		<b>JACKSONVILLE FL 32216</b>	<b>K: Amanda Dandy</b>			
	<b>3748 ALADDIN ACRES DRIVE</b>		<b>JACKSONVILLE FL 32223</b>	<b>23 Walker's Ridge Drive</b>			
	<b>D</b>	<input type="checkbox"/> Delete	<b>WEINBAUM, GINGER B</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
	<b>12169 MESA VERDE TRAIL</b>		<b>JACKSONVILLE FL 32223</b>	<b>Ponte Vedra Beach, FL 32082</b>			
	<b>D</b>	<input type="checkbox"/> Delete	<b>NELSON, KRISTEN E</b>	<b>T/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
	<b>12169 MESA VERDE TRAIL</b>		<b>JACKSONVILLE FL 32223</b>				

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 #

CR 3037 (5/00)

N9900006482  
A0071387

**DOCUMENT # N99000006482**

**1. THE JACKSONVILLE MASTERWORKS CHORALE, INC.**

11. S/D	Addition
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D Addition

D Addition

**Mims Cushing**  
**7028 Cypress Bridge Drive N**  
**Ponte Vedra Beach, FL 32082**