

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000006482

1. Entity Name

THE JACKSONVILLE MASTERWORKS CHORALE, INC.

**FILED**  
**Feb 11, 2002 8:00 am**  
**Secretary of State**

02-11-2002 90015 021 \*\*\*\*61.25

Principal Place of Business Mailing Address  
12987 BRADY ROAD 12987 BRADY ROAD  
JACKSONVILLE FL 32223 JACKSONVILLE FL 32223

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 59-3612709

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

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	D YOST, MELVIN W 12987 BRADY ROAD JACKSONVILLE FL 32223	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DANOF, AMANDA 23 WALERS RIDGW DRIVE PONTE VEDRA BEACH FL 32082	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DOERR, STEPHANIE 8031 ACORN RIDGE ROAD JACKSONVILLE FL 32256	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAILEY, WAYNE 2027 SPOONBILL STREET JACKSONVILLE FL 32224	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEINBAUM, GINGER B 3748 ALADDIN ACRES DRIVE JACKSONVILLE FL 32223	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NELSON, KRISTEN E 12169 MESA VERDE TRAIL JACKSONVILLE FL 32223	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 #

1/25/02

904-260-2386

CR2E037 (9/01)

*Attachment*

*DIF N99000006482  
B0020830*

**THE JACKSONVILLE MASTERWORKS CHORALE, INC.**

**2002 UNIFORM BUSINESS REPORT (UBR)**

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Continuation of Block 11

**11. Addition:**

S/D

Porter, Barbara

1707 El Prado Rd

Jacksonville, FL 32216

Addition:

D

Garmendia, Julie

185 D Mallory St

Jacksonville, FL 32205

Addition:

D

Rebecca Settembrini

9230 Beauclerc Wood Ln W

Jacksonville, FL 32257

Addition

D

Carol Calvert

1836 Fairfax Ct

Fruit Cove, FL 32259

Addition:

D

William Cumbaa

1521 Spindrift Circle W

Neptune Beach, FL 32266

Addition:

D

Matt Tucker

7841 Rittenhouse Ln

Jacksonville, FL 32256