

2000 UNIFORM BUSINESS REPORT (UBR)

3,

DOCUMENT # N99000007200

1. Entity Name

MUSIC EDUCATION FOUNDATION OF NORTHWEST FLORIDA, FLORIDA

FILED
Apr 26, 2000 8:00 am
Secretary of State

03-03-2000 90018 026 ****61.25

Principal Place of Business

1815 WEST 15TH STREET, STE 17
PANAMA CITY FL 32401

Mailing Address

1815 WEST 15TH STREET, STE 17
PANAMA CITY FL 32401.

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3577837

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

REISMAN, MICHAEL D
1815 WEST 15TH STREET, STE 17
PANAMA CITY FL 32401

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

TITLE	Michael D. Reisman	President	<input type="checkbox"/> Delete
NAME	1815 West 15th St.		
STREET ADDRESS	Panama City FL 32410		
CITY-ST-ZIP			
TITLE	Secretary		<input type="checkbox"/> Delete
NAME	Samuel R. Baile D		
STREET ADDRESS	701 Michael Dr.		
CITY-ST-ZIP	Panama City FL 32404		
TITLE	Corresponding Sec.		<input type="checkbox"/> Delete
NAME	Nan Drake		
STREET ADDRESS	314 North MacArthur Ave D		
CITY-ST-ZIP	Panama City FL 32401		
TITLE	Office Manager		<input type="checkbox"/> Delete
NAME	Margaret J. Coggeshall		
STREET ADDRESS	701 Driftwood Dr. D		
CITY-ST-ZIP	Lynn Haven FL 32444		
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
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:

Margaret J. Coggeshall

850-871-0031

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CF2E037 (9/99)