FILED
May 17, 2002 8:00 am
Secretary of State
05-17-2002 90043 043 ***150.00

2002 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000000050

1. Entity Name

NORTH FLORIDA CONSERVATORY OF MUSIC, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
10950-13 SAN JOSE BLVD	10950-13 SAN JOSE BLVD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: JACKSONVILLE FL	City & State: JACKSONVILLE FL
Zip: 32223 Country: USA	Zip: 32223 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3687445 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: SPIEGEL & UTRERA, P.A.
Street Address (P.O. Box Number is Not Acceptable): 343 ALMERIA AV
City: CORAL GABLES FL Zip Code: 33134

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 ______________________________ DATE ________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PSTD	TITLE	
NAME	SEAN L BORCA	NAME	
STREET ADDRESS	10950-13 SAN JOSE BLVD	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32223	CITY-ST-ZIP	
TITLE	V	TITLE	
NAME	LORI V BORCA	NAME	
STREET ADDRESS	10950-13 SANJOSE BLVD	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32223	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034 (12/01)

13. 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 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 4/30/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #