

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P32285

1. Entity Name

NATIONAL ASSOCIATION OF TEACHERS OF SINGING, INC

Principal Place of Business

2800 UNIVERSITY BLVD., NORTH  
JACKSONVILLE FL 32211

Mailing Address

2800 UNIVERSITY BLVD., NORTH  
JACKSONVILLE FL 32211

2. Principal Place of Business

6406 Merrill Road

Suite, Apt. #, etc.  
Suite B

3. Mailing Address

6406 Merrill Road

Suite, Apt. #, etc.  
Suite B

City & State

Jacksonville, FL

City & State

Jacksonville, FL

4. FEI Number

36-6118354

Applied For

Not Applicable

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

32277

Country

USA

Zip

32277

Country

USA

6. Name and Address of Current Registered Agent

VESSELS, WILLIAM A.  
1212 SUNNYMEADE DR.  
JACKSONVILLE FL 32211

7. Name and Address of New Registered Agent

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 T  
NAME BLACK, RANDALL  
STREET ADDRESS MSU MUSIC DEPT BOX 9  
CITY-ST-ZIP MURRAY KY 09 ☐ Delete

TITLE D  
NAME MACKENZIE, MARY R.  
STREET ADDRESS 2747 CAMINO PRADO  
CITY-ST-ZIP LA JOLLA CA 92037 ☒ Delete

TITLE D  
NAME KIEWER-BRITTON, DARLEEN  
STREET ADDRESS 4635 E MONTE WAY.  
CITY-ST-ZIP PHONIX AZ ☐ Delete

TITLE PP  
NAME GREGG, JEAN W.  
STREET ADDRESS 11 OLD QUARRY ROAD  
CITY-ST-ZIP WOODBRIDGE, CT ☐ Delete

TITLE D  
NAME MCIVER, WILLIAM  
STREET ADDRESS 1509 ALDERMAN DR.  
CITY-ST-ZIP GREENSBORO NC 27408-5207 ☐ Delete

TITLE MDD  
NAME VESSELS, WILLIAM A  
STREET ADDRESS 1212 SUNNYMEADE DR  
CITY-ST-ZIP JACKSONVILLE FL ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE President  
NAME Roy Delp  
STREET ADDRESS School of Music, FSU  
CITY-ST-ZIP Tallahassee, FL 32306-1180 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Feb 16, 2001 8:00 am  
Secretary of State

02-16-2001 90004 013 \*\*\*\*61.25

920737



DO NOT WRITE IN THIS SPACE

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