

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000009586

1. Entity Name

WINDSONG ENTERTAINMENT INC.

FILED
Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90057 041 ***150.00

Principal Place of Business

1553 NORTHWEST 21 AVE
GAINESVILLE FL 32605

Mailing Address

1553 NORTHWEST 21 AVE
GAINESVILLE FL 32605-4032

2. Principal Place of Business

238 W. University Ave
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Gainesville, FL

City & State

4. FEI Number

59-3492056

Applied For

Not Applicable

Zip

Country

32601

USA

Zip

Country

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

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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

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

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	FLOYD, CHRISTOPHER B	
STREET ADDRESS	1553 NORTHWEST 21 AVE	
CITY-ST-ZIP	GAINESVILLE FL 32605	
TITLE	V	<input type="checkbox"/> Delete
NAME	ALLEN, ASHTON DEAN	
STREET ADDRESS	1553 NORTHWEST 21 AVE	
CITY-ST-ZIP	GAINESVILLE FL 32605	
TITLE	V	<input type="checkbox"/> Delete
NAME	GAIGNARD, MARK JOSEPH	
STREET ADDRESS	1553 NORTHWEST 21 AVE	
CITY-ST-ZIP	GAINESVILLE FL 32605	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ROWELL, BENJAMIN B III	
STREET ADDRESS	1553 NORTHWEST 21 AVE	
CITY-ST-ZIP	GAINESVILLE FL 32605	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MOORE, DAVID N	
STREET ADDRESS	1553 NORTHWEST 21 AVE	
CITY-ST-ZIP	GAINESVILLE FL 32605	
TITLE	D	<input type="checkbox"/> Delete
NAME	KURZMAN, DAVID	
STREET ADDRESS	1553 NORTHWEST 21 AVE	
CITY-ST-ZIP	GAINESVILLE FL 32605	

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

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 Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

David N. Moore **David N. Moore** Treasurer April 17, 2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

352-375

CR2E034 (9/99)