

2000.UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000020596

1. Entity Name

FLORIDA YOUTH PHILHARMONIA, INC.

Principal Place of Business

3103 COCOPLUM CIRCLE
COCONUT CREEK FL 33063

Mailing Address

3103 COCOPLUM CIRCLE
COCONUT CREEK FL 33063

2. Principal Place of Business

12352 St. Simon Drive
Suite, Apt. #, etc.

3. Mailing Address

12352 St. Simon Drive
Suite, Apt. #, etc.

City & State

Boca Raton, FL

City & State

Boca Raton, FL

Zip

33428-4647

Country

USA

Zip

33428-4647

Country

USA

REINSTATEMENT

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SCHWARTZ, STEVEN G
2300 GLADES ROAD STE. 400 EAST
BOCA RATON FL 33431

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

Steven G Schwartz

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

11/3/00

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

TITLE	D	<input type="checkbox"/> Delete
NAME	QUADER, GLENN S	
STREET ADDRESS	3103 COCOPLUM CIRCLE	
CITY-ST-ZIP	12352 St. Simon Drive COCONUT CREEK FL 33063 Boca Raton, FL 33428	
TITLE	D	<input type="checkbox"/> Delete
NAME	QUADER, MICHELLE L	
STREET ADDRESS	3103 COCOPLUM CIRCLE	
CITY-ST-ZIP	12352 St. Simon Drive COCONUT CREEK FL 33063 Boca Raton, FL 33428	
TITLE	D	<input type="checkbox"/> Delete
NAME	SMITH, WILBUR	
STREET ADDRESS	1223 HILLSBORO MILE UNIT 2	
CITY-ST-ZIP	HILLSBORO BEACH FL 33062	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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	
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:

Steven G Schwartz Reg Agent/Counsel

Date

11/3/00 5613689200

Daytime Phone #

CR2E034 (500)

00327-8