

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 27, 2002 8:00 am**  
**Secretary of State**

02-27-2002 90207 001 \*\*\*\*\*8.75  
 02-27-2002 90207 002 \*\*\*\*\*66.25

**DOCUMENT # N01000003433**

1. Entity Name

**ISLAND BANDS UNITY ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**15173 96TH LANE NORTH  
 W. PALM BCH FL 33412**

**15173 96TH LANE NORTH  
 W. PALM BCH FL 33412**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-1100308**

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

**PETER, SIMON  
 15173 96TH LANE NORTH  
 W. PALM BCH FL 33412**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>PETER, SIMON</b>	
STREET ADDRESS	<b>15173 96TH LANE NORTH</b>	
CITY-ST-ZIP	<b>W. PALM BCH FL 33412</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>DELFIH, DENNIS</b>	
STREET ADDRESS	<b>1232 WEST 37TH ST.</b>	
CITY-ST-ZIP	<b>RIVIERA BCH FL 33404</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>JOHNSON, ROOSEVELT</b>	
STREET ADDRESS	<b>328 28TH ST.</b>	
CITY-ST-ZIP	<b>W. PALM BCH FL 33407</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>GORDON, SUSAN</b>	
STREET ADDRESS	<b>3134 AVE. H EAST</b>	
CITY-ST-ZIP	<b>RIVIERA BCH FL 33404</b>	
TITLE	<b>TSD</b>	<input type="checkbox"/> Delete
NAME	<b>JOSEPH, WARREN</b>	
STREET ADDRESS	<b>1105 CHEROKEE ST.</b>	
CITY-ST-ZIP	<b>JUPITER FL 33458</b>	
TITLE	<b>ATD</b>	<input type="checkbox"/> Delete
NAME	<b>PICKERING, MICHAEL</b>	
STREET ADDRESS	<b>1120 AVE. G</b>	
CITY-ST-ZIP	<b>RIVIERA BCH FL 33404</b>	

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		
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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		

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 REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/7/02 561-795-9919**  
 Date Daytime Phone #

CR2E037 (9/01)