

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**


**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90146 034 \*\*\*\*61.25

0091662

**DOCUMENT # N02000004066**

1. Entity Name  
**NORTH PORT CONCERT BAND, INC.**



Principal Place of Business  
**6400 WEST PRICE BOULEVARD  
NORTH PORT FL 34286**

Mailing Address  
**6400 WEST PRICE BOULEVARD  
NORTH PORT FL 34286**

**11031967**



2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip

Country

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent  
**MELLOR, CORD C  
C/O MELLOR & GRISSINGER, ATTORNEYS AT LAW  
13801 SOUTH TAMiami TRAIL, SUITE D  
NORTH PORT FL 34287**

4. FEI Number  
**72-1525804**

Applied For  
 Not Applicable

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (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 Florida Department of State**

| 10. OFFICERS AND DIRECTORS                     |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b> <input checked="" type="checkbox"/> Delete<br><b>BROWN, ROBERT</b><br><b>6480 HAELE COURT</b><br><b>NORTH PORT FL 34287</b>    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b> <input checked="" type="checkbox"/> Delete<br><b>BUSCHE, HENRY E DR.</b><br><b>118 CADDY ROAD</b><br><b>ROTONDA FL 33497</b>   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b> <input type="checkbox"/> Delete<br><b>FADER, DEVERE A</b><br><b>29185 ORANGEWOOD STREET</b><br><b>PUNTA GORDA FL 33982</b>     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b> <input checked="" type="checkbox"/> Delete<br><b>MCMULLEN, ROBERT</b><br><b>112 SANDSTONE CIRCLE</b><br><b>VENICE FL 34293</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b> <input type="checkbox"/> Delete<br><b>REBELLO, ANNA G</b><br><b>3055 EASY STREET</b><br><b>PORT CHARLOTTE FL 33952</b>         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b> <input type="checkbox"/> Delete<br><b>SCHAEFFER, MARGARET</b><br><b>215 NATURES WAY</b><br><b>NORTH PORT FL 34287</b>          |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |   |
|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>P/D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br><b>O'BRIEN, JOLENE</b><br><b>3314 MEADOW RUN CIR.</b><br><b>VENICE, FL 34293</b>         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>V/D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br><b>WARD, NORMAN</b><br><b>1649 N. SALFORD BLVD.</b><br><b>NORTH PORT, FL 34286</b>       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>S/D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br><b>PRATHER, CANDACE</b><br><b>23465 HARBORVIEW, #642</b><br><b>PUNTA GORDA, FL 33980</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br><b>PASCHKE, PETER</b><br><b>14976 LYNEBURG AVE.</b><br><b>PT. CHARLOTTE, FL 33981</b>      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br><b>FADER, JAN</b><br><b>29185 ORANGEWOOD ST.</b><br><b>PUNTA GORDA, FL 33982</b>           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> 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: JOLENE E. O'BRIEN **4/28/03 (941) 496-9388**

CR2E037 (10/02)