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

FILED
Jan 27, 2003 8:00 am
Secretary of State
01-27-2003 90341 008 ****70.00

DOCUMENT # N02000006433

1. Entity Name
SANDALWOOD BAND ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2750 JOHN PROM BLVD. JACKSONVILLE FL 32246	2750 JOHN PROM BLVD. JACKSONVILLE FL 32246

☐ CHECK HERE IF MAKING CHANGES

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 23-7209269 ☐ 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
CHICERELLI, VINCENT 2750 JOHN PROM BLVD. JACKSONVILLE FL 32246	Name: PATRICIA J. DAVIDSON Street Address (P.O. Box Number is Not Acceptable): 1123 CELEBRANT DR. City: JACKSONVILLE FL Zip Code: 32225

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: Patricia J Davidson
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 Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CHICERELLI, VINCENT 2750 JOHN PROM BLVD. JACKSONVILLE FL 32246	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR MARA ROSE 2750 JOHN PROM BLVD JACKSONVILLE, FL 32246	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP DAVIDSON, PATRICIA 2750 JOHN PROM BLVD. JACKSONVILLE FL 32246	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP KIMBERLY ROUNDS 2750 JOHN PROM BLVD JACKSONVILLE, FL 32246	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV MILLS, PHYLLIS 2750 JOHN PROM BLVD. JACKSONVILLE FL 32246	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT MAGYAR, RICHARD 2750 JOHN PROM BLVD. JACKSONVILLE FL 32246	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS SEABROOK, SHARON 2750 JOHN PROM BLVD. JACKSONVILLE FL 32246	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/02)

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: Patricia J Davidson DIR/President 1/22/03 904-332-3286
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER AND TITLE Date Daytime Phone #