

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90150 014 ****61.25

DOCUMENT # N35295

1. Entity Name

CHARLOTTE COUNTY CONCERT BAND, INC.

Principal Place of Business

Mailing Address

C/O PEGGY J. MOCK
 21293 COACHMAN AVE
 PORT CHARLOTTE FL 33952
 US

C/O PEGGY J. MOCK
 21293 COACHMAN AVE.
 PORT CHARLOTTE FL 33952-2621
 US

645064



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0246735

Applied For

Not Applicable

Zip

Country

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

MOCK, PEGGY J
21293 COACHMAN AVE.
PORT CHARLOTTE FL 33952

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	PD	<input type="checkbox"/> Delete
NAME	MOCK, PEGGY J	
STREET ADDRESS	21293 COACHMAN AVE.	
CITY-ST-ZIP	PORT CHARLOTTE FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ELGIN, LESTER	
STREET ADDRESS	22 OAKLAND HILLS AVE.	
CITY-ST-ZIP	ROTONDA FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	VOSBURGH, MIRIAM	
STREET ADDRESS	6841 ANAPA CT. HOLIDAY PARK	
CITY-ST-ZIP	NORTHPORT FL 34287	
TITLE	TD	<input type="checkbox"/> Delete
NAME	CODREAN, CORNELL	
STREET ADDRESS	831 JARVIS ST. N.W.	
CITY-ST-ZIP	PORT CHARLOTTE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MIENTUS, CHET	
STREET ADDRESS	18702 COUNTRYMAN AVE	
CITY-ST-ZIP	PORT CHARLOTTE FL 33948	
TITLE	D	<input type="checkbox"/> Delete
NAME	VERDUIN, ELWOOD	
STREET ADDRESS	1492 AQUI ESTA	
CITY-ST-ZIP	PUNTA GORDA FL	

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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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)
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Signature) J. Mock

4/19/2000

941-625-0170

Date

Daytime Phone #

CR2E037 (9/99)