

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 90871 034 ****61.25

DOCUMENT # N35295

1. Entity Name
CHARLOTTE COUNTY CONCERT BAND, INC.

Principal Place of Business Mailing Address
PEGGY J. MOCK C/O PEGGY J. MOCK
COACHMAN AVE 21293 COACHMAN AVE.
CHARLOTTE FL 33952 PORT CHARLOTTE FL 33952
 US

H0107916



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.
 3. Mailing Address 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
MOCK, PEGGY J
21293 COACHMAN AVE.
PORT CHARLOTTE FL 33952

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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		
TITLE	PD	<input type="checkbox"/> Delete
NAME	MOCK, PEGGY J	
STREET ADDRESS	21293 COACHMAN AVE.	
CITY-ST-ZIP	PORT CHARLOTTE FL 33952	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ELGIN, LESTER	
STREET ADDRESS	22 OAKLAND HILLS AVE.	
CITY-ST-ZIP	ROTONDA FL 33947	
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 33948	
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	VOSBUCH, GEORGE	
STREET ADDRESS	6841 AMADA CT., HOLIDAY PARK	
CITY-ST-ZIP	NORTH PORT FL 34287	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
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		

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: Peggy J. Mock **SIGNATURE REQUIRED** 4/28/02 941-625-0170
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (9/01)