

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N36869

1. Entity Name

PORT ST. LUCIE COMMUNITY BAND, INC.

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90034 013 ****61.25



DO NOT WRITE IN THIS SPACE

Principal Place of Business C/O JOHN B. NICKERSON 919 NE JUNIPER PL. JENSON BEACH FL 34957	Mailing Address C/O JOHN B. NICKERSON 919 NE JUNIPER PL. JENSON BEACH FL 34957-5079
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2. Principal Place of Business <i>SAME</i>	3. Mailing Address <i>SAME</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 65-0264161	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent CARLUCCI, ROCCO 2792 SPRUCE RIDGE AVE JENSEN BEACH FL 34957	7. Name and Address of New Registered Agent Name: C/O JOHN B. NICKERSON Street Address (P.O. Box Number is Not Acceptable): 919 NE JUNIPER PL. City: JENSEN BEACH, FL Zip Code: 34957
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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: JOHN B. NICKERSON, SECRETARY/TREASURER DATE: 4/20/00
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. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: PS NAME: CRUZ, ROBERT SR STREET ADDRESS: 766 SE ESSEX DR CITY-ST-ZIP: PORT ST LUCIE FL	<input type="checkbox"/> Delete	TITLE: P NAME: CARLUCCI, ROCCO STREET ADDRESS: 2792 SPRUCE RIDGE AVE CITY-ST-ZIP: JENSEN BEACH, FL 34957	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: CUSEO, CHARLES STREET ADDRESS: 649 S. W. BELMONT CT CITY-ST-ZIP: PORT ST. LUCIE FL	<input checked="" type="checkbox"/> Delete	TITLE: D NAME: THOMAS, GORDON STREET ADDRESS: 220 RAMIE LANE CITY-ST-ZIP: PORT ST. LUCIE, FL. 34952	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: NICKERSON, JOHN STREET ADDRESS: 919 NE JUNIPER PLACE CITY-ST-ZIP: JENSEN BCH FL	<input type="checkbox"/> Delete	TITLE: S/T NAME: NICKERSON, JOHN STREET ADDRESS: 919 NE JUNIPER PL. CITY-ST-ZIP: JENSEN BEACH, FL. 34957	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: S NAME: MONAHAN, JAMES STREET ADDRESS: 584 SW ASTER RD CITY-ST-ZIP: PORT ST. LUCIE FL 34983	<input type="checkbox"/> Delete	TITLE: D NAME: MONAHAN, JAMES STREET ADDRESS: 584 SW ASTER RD CITY-ST-ZIP: PORT ST. LUCIE, FL 34983	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: ELWOOD, KINNEY STREET ADDRESS: 332 SW ATLAS TERR CITY-ST-ZIP: PORT ST LUCIE FL 34983	<input type="checkbox"/> Delete	TITLE: D NAME: HINCHCLIFFE, WILLIAM STREET ADDRESS: 607 SE CALMOSO DR. CITY-ST-ZIP: PORT ST. LUCIE, FL 34983	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: S NAME: HINCHCLIFFE, W. STREET ADDRESS: 607 S. E. CALMOSO DRIVE CITY-ST-ZIP: PORT ST. LUCIE FL	<input type="checkbox"/> Delete		<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)(f), 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 Ix empowered.

SIGNATURE: John B. Nickerson DATE: 4/20/00 DAYTIME PHONE #: 561-334-1599
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)