

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 13, 2001 8:00 am
Secretary of State

04-13-2001 90046 025 ****61.25

DOCUMENT # N36869

1. Entity Name
PORT ST. LUCIE COMMUNITY BAND, INC.

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

00035676



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **65-0264161**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

NICKERSON, JOHN B
919 NE JUNIPER PL
JENSEN BEACH FL 34957

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 NAME STREET ADDRESS CITY-ST-ZIP | PS CRUZ, ROBERT SR 766 SE ESSEX DR PORT ST LUCIE FL | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D GORDON, THOMAS 220 RAMIE LANE PORT SAINT LUCIE FL 34952 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST NICKERSON, JOHN 919 NE JUNIPER PLACE JENSEN BEACH FL 34957 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MONAHAN, JAMES 584 SW ASTER RD PORT ST. LUCIE FL 34983 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ELWOOD, KINNEY 332 SW ATLAS TERR PORT ST LUCIE FL 34983 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D HINCHCLIFFE, W. 607 S. E. CALMOSO DRIVE PORT ST LUCIE FL 33983 | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|------------------------------------------------|-------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P ROCCO CARLUCCI 2792 NE SPRUCE RIDGE AVE JENSEN BEACH, FL 34957 | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP STEVE TORICK 2051 SW LANCE AVE. PORT ST. LUCIE, FL 34953 | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST JOHN NICKERSON 919 NE JUNIPER PL. JENSEN BEACH FL. 34957 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D JAMES, MONAHAN 584 SW ASTER RD. PORT ST. LUCIE, FL. 34983 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D KATE TORICK 2051 SW LANCE AVE PORT ST. LUCIE, FL 34953 | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BILL HINCHCLIFFE 607 SE CALMOSO DR, PORT ST. LUCIE, FL 33983 | <input checked="" 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: John B. Nickerson - Secretary
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/01
Date

561-334-1599
Daytime Phone #

CR2E037 (10/00)