

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90088 021 ****61.25

DOCUMENT # N36869

1. Entity Name

PORT ST. LUCIE COMMUNITY BAND, INC.

Principal Place of Business

Mailing Address

C/O JOHN B. NICKERSON
 919 NE JUNIPER PL.
 JENSON BEACH FL 34957

C/O JOHN B. NICKERSON
 919 NE JUNIPER PL.
 JENSON BEACH FL 34957

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

65-0264161

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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 **P** Delete
 NAME **CARLUCCI, ROCCO**
 STREET ADDRESS **2792 NE SPRUCE RIDGE AVENUE**
 CITY-ST-ZIP **JENSON BEACH FL 34957**

TITLE **DIRECTOR** Change Addition
 NAME **VANCE STACY**
 STREET ADDRESS **1302 SW CALMAR AVE.**
 CITY-ST-ZIP **PORT ST. LUCIE, FL. 34953**

TITLE **VP** Delete
 NAME **TORICK, STEVE**
 STREET ADDRESS **2051 SW LANCE AVENUE**
 CITY-ST-ZIP **PORT SAINT LUCIE FL 34953**

TITLE **P-PRESIDENT** Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **ST** Delete
 NAME **NICKERSON, JOHN**
 STREET ADDRESS **919 NE JUNIPER PLACE**
 CITY-ST-ZIP **JENSEN BEACH FL 34957**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **MONAHAN, JAMES**
 STREET ADDRESS **584 SW ASTER RD**
 CITY-ST-ZIP **PORT ST. LUCIE FL 34983**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **TORICK, KATE**
 STREET ADDRESS **2051 SW LANCE AVE**
 CITY-ST-ZIP **PORT SAINT LUCIE FL 34953**

TITLE **VP- VICE-PRESIDENT** Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **HINCHCLIFFE, BILL**
 STREET ADDRESS **607 S. E. CALMOSO DRIVE**
 CITY-ST-ZIP **PORT ST LUCIE FL 33983**

TITLE Change 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: *John B. Nickerson, Secretary*

2-28-02 **561-334-1599**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)