

2001 UNIFORM BUSINESS REPORT (UBR)

1/11/01-

FILED

Feb 08, 2001 8:00 am
Secretary of State

01-11-2001 90041 033 ****61.25

DOCUMENT # N93000002899

1. Entity Name

THE FLORIDA CONCERT BAND, INC.

Principal Place of Business

8879 SE HAWKS BILL WAY
HOBE SOUND FL 33475-33455
US

Mailing Address

P O BOX 8395
HOBE SOUND FL 33475-8395
US

2. Principal Place of Business

8879 SE HAWKS BILL WAY

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 8395

Suite, Apt. #, etc.

City & State
HOBE SOUND, FLCity & State
HOBE SOUND, FLZip
33455Country
USAZip
33475-8395Country
USA4. FEI Number
65-0437465Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BLAHUN, GEORGE
8879 SE HAWKS BILL WAY
HOBE SOUND FL 33475-33455

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

only change is the zip code

City

FL

Zip Code

33455

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 \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	(D)	☐ Delete
NAME	BLAHUN, GEORGE	
STREET ADDRESS	8879 SE HAWKS BILL WAY	
CITY-ST-ZIP	HOBE SOUND FL 33455	

TITLE	(D)	☐ Delete
NAME	KNECHT, STEVE	
STREET ADDRESS	8420 S E CROFT CIR.	
CITY-ST-ZIP	HOBE SOUND FL 33455	

TITLE	(D)	☐ Delete
NAME	FLANAGAN, JOSEPH	
STREET ADDRESS	315 INDIAN GROVE DR	
CITY-ST-ZIP	STUART FL 34994	

TITLE	(D)	☐ Delete
NAME	SHORE, C M	
STREET ADDRESS	7498 SE BAY CEDAR CIR	
CITY-ST-ZIP	HOBE SOUND FL 33455	

TITLE	(D)	☐ Delete
NAME	BARBARA STROTHER	
STREET ADDRESS	175 Steamboat Wharf	
CITY-ST-ZIP	Myrtle, CT 06355-2738	

TITLE	(D)	☐ Delete
NAME	DIANE RHODES	
STREET ADDRESS	175 Great Neck Rd	
CITY-ST-ZIP	Watford, CT 06375-3739	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	(D)	☐ Change ☐ Addition
NAME	LOUISE FABRYKIEWICZ	
STREET ADDRESS	17A Allen Drive	
CITY-ST-ZIP	Unasville, CT 06382-1501	

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 1/5/2001

Daytime Phone #

CR2E037 (12/00)