

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 90704 041 ****61.25

DOCUMENT # N94000000761

1. Entity Name

MARINE CORPS MUSICIANS ASSOCIATION INCORPORATED

Principal Place of Business

Mailing Address

8209 COUNTY LINE ROAD
 SPRING HILL FL 34606

8209 COUNTY LINE ROAD
 SPRING HILL FL 34606

2. Principal Place of Business

3. Mailing Address

2917 WILDERNESS BLVD.

Suite, Apt. #, etc. **2917 WILDERNESS BLVD. W.**

City & State

City & State

PARRISH, FL.

PARRISH, FL

Zip **34219**

Country **USA**

Zip **34219**

Country **USA**

4. FEI Number

59-1595030

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

YOUNG, ALBERT G
2917 WILDERNESS BLVD W.
PARRISH FL 34219

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 NAME | PT YOUNG, ALBERT | <input type="checkbox"/> Delete |
| STREET ADDRESS | 2917 WILDERNESS BLVD W | |
| CITY-ST-ZIP | PARRISH FL 34219 | |
| TITLE NAME | VT SCHWEITZER, STEVE MGYS | <input type="checkbox"/> Delete |
| STREET ADDRESS | P.O. BOX 824 | |
| CITY-ST-ZIP | QUANTICO VA 22134 | |
| TITLE NAME | ST PARRISH, WILLIAM | <input type="checkbox"/> Delete |
| STREET ADDRESS | 1326 N. BROADWAY | |
| CITY-ST-ZIP | NEW PHILADELPHIA OH 44663 | |
| TITLE NAME | TT MRACCO, PETER | <input type="checkbox"/> Delete |
| STREET ADDRESS | 94-061 KUAHILLANA AVE #134 | |
| CITY-ST-ZIP | MILILANI HI 96789 | |
| TITLE NAME | ATR OLDENBURG, RICHARD | <input type="checkbox"/> Delete |
| STREET ADDRESS | 22301 HILLSIDE CRT | |
| CITY-ST-ZIP | TEHACHAPI CA 93561 | |
| TITLE NAME | | <input type="checkbox"/> Delete |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|--|---|
| TITLE NAME | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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:

Albert G Young
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/02
 Date

941-776-1183
 Daytime Phone #

CR2E037 (9/01)