

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000000620

1. Entity Name

BIG BEND COMMUNITY ORCHESTRA ASSOCIATION, INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90199 009 ****61.25

Principal Place of Business

3321 DARTMOOR DRIVE
TALLAHASSEE FL 32312

Mailing Address

3321 DARTMOOR DRIVE
TALLAHASSEE FL 32312-1448

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

59-3299905

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ANDERSON, WALDIE A
3321 DARTMOOR DRIVE
TALLAHASSEE FL 32312

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 PD ☐ Delete
NAME DANCY, RUSSELL
STREET ADDRESS 2432 BASS BAY DR.
CITY-ST-ZIP TALLAHASSEE FL 32312

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

TITLE VD ☒ Delete
NAME DANCY, MARGARET
STREET ADDRESS 2432 BASS BAY DR.
CITY-ST-ZIP TALLAHASSEE FL 32312

TITLE ☒ Change ☐ Addition
NAME CHARLES WILLIAMS
STREET ADDRESS 456 CARR LANE
CITY-ST-ZIP TALLAHASSEE, FL 32312

TITLE SD ☐ Delete
NAME GRIFFIN, LOIS
STREET ADDRESS 2559 SHILOH WAY
CITY-ST-ZIP TALLAHASSEE FL 32308

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

TITLE TD ☒ Delete
NAME HANNA, PAUL
STREET ADDRESS 2308 DON ADRES AVE
CITY-ST-ZIP TALLAHASSEE FL 32304

TITLE ☒ Change ☐ Addition
NAME GEOFFREY KACCIENSKI
STREET ADDRESS 6134 BORDERLINE DRIVE
CITY-ST-ZIP TALLAHASSEE, FL 32312

TITLE D ☐ Delete
NAME ANDERSON, WALDIE A
STREET ADDRESS 3321 DARTMOOR DRIVE
CITY-ST-ZIP TALLAHASSEE FL 32312

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

TITLE D ☐ Delete
NAME DENSMORE, GINNY
STREET ADDRESS 9713 WATERS MEET DR.
CITY-ST-ZIP TALLAHASSEE FL 32312

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: WALDIE A ANDERSON

27 APRIL 2000

850-586-5312

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)