

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90086 027 ****61.25

DOCUMENT # N95000000620

1. Entity Name

BIG BEND COMMUNITY ORCHESTRA ASSOCIATION, INC.

Principal Place of Business

Mailing Address

3321 DARTMOOR DRIVE
TALLAHASSEE FL 32312
US

3321 DARTMOOR DRIVE
TALLAHASSEE FL 32312
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1345 THOMASVILLE RD

1345 THOMASVILLE RD

City & State
TALLAHASSEE, FL

City & State
TALLAHASSEE, FL

Zip
32303

Country
USA

Zip
32303

Country
USA

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 WILLIAMS, CHARLES
STREET ADDRESS 458 CARR LN
CITY-ST-ZIP TALLAHASSEE FL 32312

TITLE ☒ Change ☐ Addition
NAME TURNER, ANGELA
STREET ADDRESS 2560 PINE RIDGE RD
CITY-ST-ZIP TALLAHASSEE, FL 32308

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

TITLE ☒ Change ☐ Addition
NAME THOMPSON, IDA
STREET ADDRESS 3726 BOBBIN BROOK CIR.
CITY-ST-ZIP TALLAHASSEE, FL 32312

TITLE TD ☒ Delete
NAME KAJCIENSKI, GEOFFREY
STREET ADDRESS 6134 BORDERLINE DR
CITY-ST-ZIP TALLAHASSEE FL 32312

TITLE ☒ Change ☐ Addition
NAME ANDERSON, WALDIE
STREET ADDRESS 3321 DARTMOOR DR.
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 GAREE, ANNE
STREET ADDRESS 816 DERBYSHIRE DR.
CITY-ST-ZIP TALLAHASSEE, FL 32312

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

TITLE ☒ Change ☐ Addition
NAME NAVON, LILY
STREET ADDRESS 3138 FERNS GLEN DR.
CITY-ST-ZIP TALLAHASSEE, FL 32308

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

30 APRIL 02 386-5312

Date Daytime Phone #

CR2E037 (9/01)