

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 20, 2001 08:00 AM
Secretary of State

DOCUMENT # N96000002906

1. Entity Name
GULF COAST SMYPHONY ORCHESTRA, INC.

Principal Place of Business SW FLORIDA REGIONAL MEDICAL CENTER 2727 WINKLER AVE FORT MYERS FL 33901	Mailing Address P O BOX 1759 SANIBEL FL 33957 US
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip
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4. FEI Number
65-0666748

Applied For	Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MARINO MARY
27600 HACIENDA BLVD
#306D
BONITA SPGS FL 33923 US

7. Name and Address of New Registered Agent

Name
BYINGTON DOUG

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

City
FT MYERS FL Zip Code
33913

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 **DOUG BYINGTON** DATE **05/20/2001**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCHLACKMAN W 1331 SAND CASTLE RD SANIBEL FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T NIBBELIN GENE 2001 NE 2ND TERR CAPE CORAL FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JAMES PATRICIA 12740 FLAGSHIP DR FT MYERS FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD NIBBELIN G 2001 NE 2ND TERR CAPE CORAL FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BIRT-HOFACKER C 5494 GOVERNORS DR FT MYERS FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JAMES P 12740 FLAGSHIP DR FT MYERS FL	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARTZ B 4312 S CANAL CIR N. FT. MYERS FL 33903	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALBEE S 5660 EICHEN CIR FT. MYERS FL 33919	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD KURTZ A 716 RABBIT RD SANIBEL FL 33957	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BYINGTON D 728 ARDSON CT FT. NYERS FL 33913	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MARTELL S 716 RABBIT RD SANIBEL FL 33957	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WALTZ, MD C 4819 LEMA CT N. FT. MYERS FL 33903	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: **Doug Byington** T DATE: **05/20/2001**

CR2E037 (11/00)