## 2002 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# N96000002906

Entity Name: GULF COAST SMYPHONY ORCHESTRA, INC.

Mar 20, 2002 8:00 AM Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** SW FLORIDA REGIONAL MEDICAL CENTER 2727WINKLER AVE FORT MYERS, FL 33901 **New Mailing Address: Current Mailing Address:** P O BOX 1759 SANIBEL, FL 33957 US FEI Number: 65-0666748 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BYINGTON, DOUG 728 ARDSÓN CT FT MYERS, FL 33913 US 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: PD () Delete (X) Change ( ) Addition WALTZ, MD, C HARTZ, B Name: Name: 4819 LEMA CT Address: 4312 S. CANAL CIR Address: City-St-Zip: N. FT. MYERS, FL 33903 US City-St-Zip: N. FT. MYERS, FL 33903 US Title: SD Title: SD (X) Change ( ) Addition ( ) Delete MARTELL, S Name: DYKE, V DR. Name: Address: 716 RABBIT RD Address: 2071 SE 28TH ST City-St-Zip: SANIBEL, FL 33957 US City-St-Zip: SANIBEL, FL 33957 US Title: TD Title: () Change () Addition ( ) Delete BYINGTON, D Name: Name: 728 ARDSON CT Address: Address: City-St-Zip: FT. NYERS, FL 33913 US City-St-Zip: Title: MD ( ) Delete Title: () Change () Addition Name: KURTZ, A Name: 716 RABBIT RD Address: Address: City-St-Zip: SANIBEL, FL 33957 US City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition ALBEE, S LEWIS, F Name: Name: 5660 EICHEN CIR 7771 CAMERON CIR Address: Address: City-St-Zip: FT. MYERS, FL 33919 US City-St-Zip: FT. MYERS, FL 33907 US Title: () Delete Title: (X) Change ( ) Addition HARTZ. B THOMPSON M Name: Name: Address: 4312 S CANAL CIR Address: 17143 NUTMEG RD N. FT. MYERS, FL 33903 US PUNTA GORDA, FL 33955 US City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: D. BYINGTON TD 03/20/2002