

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N96000002906

FILED  
Jan 22, 2003  
Secretary of State

Entity Name: GULF COAST SMYPHONY ORCHESTRA, INC.

**Current Principal Place of Business:**

SW FLORIDA REGIONAL MEDICAL CENTER  
2727WINKLER AVE  
FORT MYERS, FL 33901

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 1759  
SANIBEL, FL 33957 US

**New Mailing Address:**

FEI Number: 65-0666748      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BYINGTON, DOUG  
728 ARDSON CT  
FT MYERS, FL 33913 US

**Name and Address of New Registered Agent:**

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:**

Title: PD ( ) Delete  
Name: HARTZ, B  
Address: 4312 S. CANAL CIR  
City-St-Zip: N. FT. MYERS, FL 33903 US

Title: SD ( ) Delete  
Name: DYKE, V DR.  
Address: 2071 SE 28TH ST  
City-St-Zip: SANIBEL, FL 33957 US

Title: TD ( ) Delete  
Name: BYINGTON, D  
Address: 728 ARDSON CT  
City-St-Zip: FT. NYERS, FL 33913 US

Title: MD ( ) Delete  
Name: KURTZ, A  
Address: 716 RABBIT RD  
City-St-Zip: SANIBEL, FL 33957 US

Title: D ( ) Delete  
Name: LEWIS, F  
Address: 7771 CAMERON CIR  
City-St-Zip: FT. MYERS, FL 33907 US

Title: D ( ) Delete  
Name: THOMPSON, M  
Address: 17143 NUTMEG RD  
City-St-Zip: PUNTA GORDA, FL 33955 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: DYKE, V DR.  
Address: 2071 SE 28TH ST  
City-St-Zip: SANIBEL, FL 33957 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: SD (X) Change ( ) Addition  
Name: HOGENSON, I  
Address: 728 ARDSON CT  
City-St-Zip: FT. MYERS, FL 33913 US

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: DOUG BYINGTON

TD

01/22/2003

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date