

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 700314

1. Entity Name

TERRY PARKER BAND ORGANIZATION, INCORPORATED

FILED
Jul 25, 2000 8:00 am
Secretary of State

07-25-2000 90100 048 ****61.25

Principal Place of Business

Mailing Address

7301 PARKER SCHOOL RD.
JACKSONVILLE FLA 32211

7301 PARKER SCHOOL RD.
JACKSONVILLE FLA 32211

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

NOT APPLICABLE

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

RIVERA, ROBERT
3015 CESERY BLVD.
JACKSONVILLE FL 32277

Name **BRENT TRAUGER**

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

6540 HEIDI RD

City **JACKSONVILLE**

FL

Zip Code **32277**

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

Brent Trauger

BRENT TRAUGER

7/15/00

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

After September 13, 2000 min. will be \$236.25

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 **LANDRESS, KIM**
STREET ADDRESS **3110 ALTUS DR. W**
CITY-ST-ZIP **JACKSONVILLE FL 32277**

TITLE **PD** ☒ Change ☐ Addition
NAME **HAZLETT, LISA**
STREET ADDRESS **5375 Oak Bay Drive**
CITY-ST-ZIP **Jacksonville FL 32277**

TITLE **VD** ☒ Delete
NAME **WALTERS, JACK**
STREET ADDRESS **5361 TOWNSEND BLVD.**
CITY-ST-ZIP **JACKSONVILLE FL 32211**

TITLE **VD** ☒ Change ☐ Addition
NAME **TRIMBLE, TIM**
STREET ADDRESS **5915 Maple Leaf Dr**
CITY-ST-ZIP **Jacksonville FL 32277**

TITLE **VD** ☒ Delete
NAME **SCHMEIDER, MIKE**
STREET ADDRESS **5390 EMERALD REEF CT.**
CITY-ST-ZIP **JACKSONVILLE FL 32277**

TITLE **VD** ☒ Change ☐ Addition
NAME **DONOHOO, KEVIN**
STREET ADDRESS **8542 Vermanth Rd**
CITY-ST-ZIP **Jacksonville FL 32211**

TITLE **S** ☒ Delete
NAME **WISEMAN, KATHRYN**
STREET ADDRESS **5921 REGIMENT DR.**
CITY-ST-ZIP **JACKSONVILLE FL 32277**

TITLE **S** ☒ Change ☐ Addition
NAME **Trimble, Christine**
STREET ADDRESS **5915 Maple Leaf Dr**
CITY-ST-ZIP **Jacksonville, FL 32277**

TITLE **T** ☒ Delete
NAME **RIVERA, ROBERT**
STREET ADDRESS **3015 CESERY BLVD.**
CITY-ST-ZIP **JACKSONVILLE FL 32277**

TITLE **T** ☒ Change ☐ Addition
NAME **Trauger, Sarah**
STREET ADDRESS **6540 Heidi Rd**
CITY-ST-ZIP **Jacksonville, FL 32277**

TITLE **D** ☐ Delete
NAME **GREEN, WARD**
STREET ADDRESS **6418 WHISPERING OAKS DR**
CITY-ST-ZIP **JACKSONVILLE FL 32277**

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:

Sarah G. Trauger
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/19/00 743-5862