2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2002 8:00 am
Secretary of State
04-02-2002 90079 037 ****61.25

DOCUMENT # 700314

1. Entity Name

TERRY PARKER BAND ORGANIZATION, INCORPORATED

Principal Place of Business	Mailing Address
7301 PARKER SCHOOL RD. JACKSONVILLE FL 32211	7301 PARKER SCHOOL RD. JACKSONVILLE FL 32211

[redacted] 29078

DO NOT WRITE IN THIS SPACE

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

TRAUGER, BRENT
650 HEIDI ROAD
JACKSONVILLE FL 32277

7. Name and Address of New Registered Agent

Name: Marlene B. Hayes
Street Address (P.O. Box Number is Not Acceptable): 8409 Haverhill St
City: Jacksonville FL Zip Code: 32211

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: Marlene B. Hayes — Marlene B. Hayes Treasurer — DATE: 3/18/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD HAZLETT, LISA 5375 OAK BAY DR JACKSONVILLE FL 32277	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Allen Nelson 13064 Tall Tree Drs Jacksonville FL 32246 — ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD TRIMBLE, TIMOTHY E 5915 MAPLE LEAF DR S JACKSONVILLE FL 32277	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President VD Pam Wedenheller 342 9 Starwan Rd S Jacksonville FL 32211 — ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD DONOHOO, KEVIN J 8542 VERMANTH DR JACKSONVILLE FL 32211	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President VD Karyn Wiseman 5925 Regiment Dr Jacksonville FL 32277 — ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S TRIMBLE, CHRISTINE O 5915 MAPLE LEAF DR S JACKSONVILLE FL 32277	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary LaVon Rigdon 5520 Riverton Rd Jacksonville FL 32277 — ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T TRAUGER, SARAH G 6540 KEIDI RD JACKSONVILLE FL 32277	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer T Marlene B. Hayes 8409 Haverhill St Jacksonville FL 32211 — ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GREEN, WARD 6418 WHISPERING OAKS DR JACKSONVILLE FL 32277	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR D WARD GREEN SAME — ☐ Change ☐ Addition

CR2E037 (9/01)

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 REQUIRED — 3-25-02 — 904-720-0500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #