2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2002 8:00 am
Secretary of State

04-02-2002 90079 037 ****61.25

[redacted] 29078

DO NOT WRITE IN THIS SPACE

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

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
TRAUGER, BRENT 650 HEIDI ROAD JACKSONVILLE FL 32277	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 3/18/02

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: PD NAME: HAZLETT, LISA STREET ADDRESS: 5375 OAK BAY DR CITY-ST-ZIP: JACKSONVILLE FL 32277	☒ Delete	TITLE: President NAME: Allen Nelson STREET ADDRESS: 13064 Tall Tree Drs CITY-ST-ZIP: Jacksonville FL 32246	☐ Change ☒ Addition
TITLE: VD NAME: TRIMBLE, TIMOTHY E STREET ADDRESS: 5915 MAPLE LEAF DR S CITY-ST-ZIP: JACKSONVILLE FL 32277	☒ Delete	TITLE: Vice President VD NAME: Pam Wedenfeller STREET ADDRESS: 3429 Starwan Rd S CITY-ST-ZIP: Jacksonville FL 32211	☐ Change ☒ Addition
TITLE: VD NAME: DONOHOO, KEVIN J STREET ADDRESS: 8542 VERMANTH DR CITY-ST-ZIP: JACKSONVILLE FL 32211	☒ Delete	TITLE: Vice President VD NAME: Karyn Wiseman STREET ADDRESS: 5925 Regiment Dr CITY-ST-ZIP: Jacksonville FL 32277	☐ Change ☒ Addition
TITLE: S NAME: TRIMBLE, CHRISTINE O STREET ADDRESS: 5915 MAPLE LEAF DR S CITY-ST-ZIP: JACKSONVILLE FL 32277	☒ Delete	TITLE: Secretary NAME: LaVon Rigdon STREET ADDRESS: 5520 Riverton Rd CITY-ST-ZIP: Jacksonville FL 32277	☐ Change ☒ Addition
TITLE: T NAME: TRAUGER, SARAH G STREET ADDRESS: 6540 KEIDI RD CITY-ST-ZIP: JACKSONVILLE FL 32277	☒ Delete	TITLE: Treasurer T NAME: Marlene B. Hayes STREET ADDRESS: 8409 Haverhill St CITY-ST-ZIP: Jacksonville FL 32211	☐ Change ☒ Addition
TITLE: D NAME: GREEN, WARD STREET ADDRESS: 6418 WHISPERING OAKS DR CITY-ST-ZIP: JACKSONVILLE FL 32277	☐ Delete	TITLE: DIRECTOR NAME: WARD GREEN STREET ADDRESS: SAME CITY-ST-ZIP:	☐ 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 ON FILE Ward Green 3-25-02 904-720-0500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #