

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 703901

FILED
Aug 07, 2002
Secretary of State

Entity Name: AUBURNDALE BAND PATRONS, INC

Current Principal Place of Business:

125 NORTH PRADO
P.O. BOX 921
AUBURNDALE, FL 33823

New Principal Place of Business:

Current Mailing Address:

125 NORTH PRADO
P.O. BOX 921
AUBURNDALE, FL 33823

New Mailing Address:

FEI Number: 59-2372052

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HASLEY, CHARLENE
675 EAST HAINES BLVD
LK ALFRED, FL 33850 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: SD () Delete
Name: NALL, KATHY
Address: 350 RENSSALAER AVE
City-St-Zip: AUBURNDALE, FL

Title: TD () Delete
Name: DAVIS, TERRY
Address: 701 HARDY WAY
City-St-Zip: AUBURNDALE, FL

Title: V () Delete
Name: CRANE, JAMES
Address: P.O. BOX 142
City-St-Zip: POLK CITY, FL 33868

Title: PD () Delete
Name: HASLEY, CHARLENE
Address: 675 EAST HAINES BLVD
City-St-Zip: LAKE ALFRED, FL 33850

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SD (X) Change () Addition
Name: WOMBLE, MARGE
Address: P.O. BOX 921
City-St-Zip: AUBURNDALE, FL 33823

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

Title: V (X) Change () Addition
Name: MCBRAYER, DENNIE
Address: 557 SOMERSET
City-St-Zip: AUBURNDALE, FL 33823

Title: () Change () Addition
Name:
Address:
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: TERRIE R DAVIS

TD

08/07/2002

Electronic Signature of Signing Officer or Director

Date