2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

May 12, 2003 8:00 am § Secretary of State DOCUMENT # 706907 05-12-2003 90228 045 ****61.25 1. Entity Name DUNEDIN PIPE AND DRUM CORPS, INC. Principal Place of Business Mailing Address PO BOX 452 PO BOX 452 **DUNEDIN FL 34697-0452** DUNEDIN FL 34697-0452 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES Applied For City & State City & State 4. FEI Number 23-7152894 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GREGG, MARIE 1361 DUNCAN LOOP NORTH #303 **DUNEDIN FL 34698** City 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. I am familiar with, and accept the obligations of registered agent. name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Florida Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. PD ☐ Change Addition TITLE ☐ Delete TITLE RUSH, DANETTE NAME NAME 500 NEW YORK AVE., #18 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP **DUNEDIN FL 34698** Change Addition ☐ Delete TITLE TITLE GIESOW, HEATHER NAME NAME 2650 COUNTRYSIDE BLVD., C-203 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CLEARWATER FL 33761 SD ☐ Addition TITLE ☐ Delete TITLE ☐ Chanoe KERSEY, REGINE NAME NAME STREET ADDRESS 819 LYNDHURST STREET ADDRESS CITY-ST-ZIP **DUNEDIN FL 34698** CITY-ST-ZIP Delete ☐ Change TITLE TITLE Addition NAME GREGG, MARIE R NAMÉ 1361 DUNCAN LOOP_NORTH., #303 Ambelee Dr. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **DUNEDIN FL 34698** TITLE ☐ Change TITLE ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change TITLE Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP