

DOCUMENT # 709141

1. Entity Name

SYMPHONIC BAND OF THE PALM BEACHES, INC.

FILED
May 26, 2000 8:00 am
Secretary of State

05-26-2000 90122 007 ****61.25



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

PO BOX 16976
W PALM BCH FL 33416
US

PO BOX 16976
W PALM BCH FL 33416-6976
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2183803

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

Input box

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WEBSTER, JOHN
7715 ST. ANDREWS ROAD
LAKE WORTH FL 33467

Name

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

City

FL

Zip Code

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

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.

Input box

\$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

Table with 2 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Rows include Dupere, Richard; Bayer, Michael; Wandelt, Mary Anne; Cantley, Glenn; Broussard, Arnold.

Table with 2 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Rows include Dillon, David; Wilson, Marilyn.

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: Richard Dupere REQUIRED RICHARD DUPERE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-2000

Date

561-790-7590

Daytime Phone #

CR2E037 (9/99)