

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2002 8:00 am
Secretary of State

03-03-2002 90087 013 ****61.25

DOCUMENT # 709141

1. Entity Name

SYMPHONIC BAND OF THE PALM BEACHES, INC.

Principal Place of Business

Mailing Address

PO BOX 16976
 W PALM BCH FL 33416
 US

PO BOX 16976
 W PALM BCH FL 33416
 US

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

59-2183803

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

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.

\$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 **TD** Delete
 NAME **DUPERE, RICHARD**
 STREET ADDRESS **145 WESTWOOD CIR E**
 CITY-ST-ZIP **WEST PALM BEACH FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **V** Delete
 NAME **DILLION, DAVID**
 STREET ADDRESS **103 WINDWARD DR.**
 CITY-ST-ZIP **PALM BEACH GARDENS FL 33418**

TITLE **VD** Change Addition
 NAME **Janet Leeman**
 STREET ADDRESS **907 SW 7th AV**
 CITY-ST-ZIP **Boynton Beach, FL 33426**

TITLE **SD** Delete
 NAME **WANDEL, MARY ANNE**
 STREET ADDRESS **1134 SW 25TH AVE**
 CITY-ST-ZIP **BOYTON FL Boynton Beach, FL 33426**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **WILSON, MARILYN**
 STREET ADDRESS **2952 KIRK RD.**
 CITY-ST-ZIP **LAKE WORTH FL 33461**

TITLE **D** Change Addition
 NAME **Max McMillan**
 STREET ADDRESS **2013 7th Court S.**
 CITY-ST-ZIP **Lake Worth, FL 33461**

TITLE **PD** Delete
 NAME **BROUSSARD, ARNOLD**
 STREET ADDRESS **2230-N SPRING HARBOR DR**
 CITY-ST-ZIP **DELRAY BCH FL 33445**

TITLE **PD** Change Addition
 NAME **Karen Sue Holme**
 STREET ADDRESS **1061 Summerwood Circle**
 CITY-ST-ZIP **Wellington, FL 33414**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: Karen Sue Holme Karen Sue Holme 1/23/2002 561-790-1286

CR2E037 (9/01)