

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

02-21-2002 90042 026 ****70.00

DOCUMENT # 739680

1. Entity Name

THE SUNCOAST MUMMERS STRING BAND OF BRADENTON IN C.

Principal Place of Business

P.O. BOX 135
P. O. BOX 135
BRADENTON FL 34206

Mailing Address

P.O. BOX 135
P. O. BOX 135
BRADENTON FL 34206

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 **59-1758001**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STEINER, WILLIAM
105 47 AV DR W
BG 11 APT 171
BRADENTON FL 34207

7. Name and Address of New Registered Agent

Name

JACK WALSH

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

482 RIVERWOOD LN.

City

ELLINGTON

FL

Zip Code

34222

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

Jack Walsh

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2-4-02

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

TITLE **PD** ☒ Delete
NAME **STEINER, WILLIAM**
STREET ADDRESS **105 47 APT 171**
CITY-ST-ZIP **BRADENTON FL 34207**

TITLE **BO** ☒ Delete
NAME **BOHRER, JOHN**
STREET ADDRESS **108 HOLLAND ST**
CITY-ST-ZIP **ELLINGTON FL 34222**

TITLE **VD** ☒ Delete
NAME **BEHRER, EDITH**
STREET ADDRESS **108 HOLLAND ST**
CITY-ST-ZIP **ELLINGTON FL 34222**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PRESIDENT** ☒ Change ☐ Addition
NAME **JACK WALSH**
STREET ADDRESS **482 RIVERWOOD LN.**
CITY-ST-ZIP **ELLINGTON FL 34222**

TITLE **Treasurer** ☒ Change ☐ Addition
NAME **Robert M. Mucoby**
STREET ADDRESS **1306 28th Ave West**
CITY-ST-ZIP **Palmetto Florida 34221**

TITLE **Secretary** ☒ Change ☐ Addition
NAME **Betty Lou Lew**
STREET ADDRESS **3809 21st Ave West**
CITY-ST-ZIP **Bradenton FL 34205**

TITLE **Vice President** ☐ Change ☐ Addition
NAME **Norma A. Eschenbach D**
STREET ADDRESS **408 COQUINA DR.**
CITY-ST-ZIP **ELLINGTON FL 34222**

TITLE **JOHN H. SCHWEIZER D** ☐ Change ☐ Addition
NAME **MUSICAL**
STREET ADDRESS **4609 PALMETTO, FL 34221**
CITY-ST-ZIP **DIRECTOR**

TITLE **JOHN H. BOHRER D** ☐ Change ☐ Addition
NAME **B/A**
STREET ADDRESS **108 HOLLAND ST**
CITY-ST-ZIP **ELLINGTON FL**

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:

Robert M. Mucoby

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-05-02

DATE

941-7221256

Daytime Phone #

CR2E037 (9/01)