

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 743437

1. Entity Name

S.M.H.P. CONCERT BAND, INC.

Principal Place of Business

3405 OAKWOOD BLVD. S.
SARASOTA FL 34237

Mailing Address

3405 OAKWOOD BLVD. S.
SARASOTA FL 34237

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

LAIER, LEO
3405 OAKWOOD BLVD. S.
SARASOTA FL 34237

7. Name and Address of New Registered Agent

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D CARTER, LOIS 417 OAKWOOD BLVD. E. SARASOTA FL 34237	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D CARTER, WILLIAM 417 OAKWOOD BLVD. E. SARASOTA FL 34237	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D CUMMING, ROGERS 617 N. TAMiami TrL #4 VENICE FL 34292	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAIER, LEO 3405 OAKWOOD BLVD. S. SARASOTA FL 34237	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D GERLETTI, MERRILYN 2155 WOOD ST. #A-1 SARASOTA FL 34237	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D ALBRIGHT, JOSEPH 3353 Thornwood Road Sarasota, FL 34231	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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:

William H. Carter William H. Carter

1/16/02

941-952-0694

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)

FILED
Feb 05, 2002 8:00 am
Secretary of State

02-05-2002 90038 016 ****61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1882881

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required