

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 750934

1. Entity Name

THE ED SALMON FLORIDA STRING BAND, INC

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90009 009 ****75.00

Principal Place of Business

Mailing Address

3226 WINDJAMMER DR
SPRING HILL FL 34607

3226 WINDJAMMER DR
SPRING HILL FL 34607-2646

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

59-2012025

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

FICO, SAL
3226 WINDJAMMER DR
SPRING HILL FL 34607

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	D	<input checked="" type="checkbox"/> Delete
NAME	BEHRENDT, HARVEY	
STREET ADDRESS	7208 WINDSOR MILL RD	
CITY-ST-ZIP	PORT RICHEY FL 34667	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	BEHRENDT, MILLIE	
STREET ADDRESS	7208 WINDSOR MILL RD	
CITY-ST-ZIP	PORT RICHEY FL 34667	
TITLE	PT	<input type="checkbox"/> Delete
NAME	FICO, SAL	
STREET ADDRESS	3226 WINDJAMMER DR	
CITY-ST-ZIP	SPRING HILL FL 34607	
TITLE	D	<input type="checkbox"/> Delete
NAME	BALISTRERI, PETER	
STREET ADDRESS	2407 COVINGTON AVE	
CITY-ST-ZIP	SPRING HILL FL 34608	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ALVIN, LEBAS	
STREET ADDRESS	9555 RIVER RD	
CITY-ST-ZIP	SPRINGHILL FL 34606	
TITLE	D	<input type="checkbox"/> Delete
NAME	YOUNFLESH, JOE	
STREET ADDRESS	7440 1ST CIR. DR.	
CITY-ST-ZIP	BROOKSVILLE FL 34613	

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D-JOHN COFF	
STREET ADDRESS	9014 BOLTON AVE.	
CITY-ST-ZIP	HUDSON, FL 34667	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAY COFF	
STREET ADDRESS	9014 BOLTON AVE	
CITY-ST-ZIP	HUDSON FL 34667	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BILL SCHOENTHALER	
STREET ADDRESS	10504 DIANTHUS LANE	
CITY-ST-ZIP	PORT RICHEY FL 34668	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *SALVATORE* REQUIRE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-10-00 (352) 683-3849

CR2E037 (9/99)