

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 13, 2001 8:00 am**  
**Secretary of State**

01-13-2001 90049 018 \*\*\*\*75.00



DO NOT WRITE IN THIS SPACE

<b>DOCUMENT # 750934</b> 1. Entity Name <b>THE ED SALMON FLORIDA STRING BAND, INC</b>				Applied For <input type="checkbox"/> Not Applicable	
Principal Place of Business <b>3226 WINDJAMMER DR          SPRING HILL FL 34607</b>		Mailing Address <b>3226 WINDJAMMER DR          SPRING HILL FL 34607</b>			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		4. FEI Number <b>59-2012025</b>	
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent  <b>FICO, SAL          3226 WINDJAMMER DR          SPRING HILL FL 34607</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>FILE NOW:          FEE IS \$61.25</b>		9. Election Campaign Financing <input checked="" type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> Trust Fund Contribution.		<b>Make Check Payable to          Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PT	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>FICO, SAL</b>		NAME	<b>WALTER PARHOLA</b>	
STREET ADDRESS	<b>3226 WINDJAMMER DR</b>		STREET ADDRESS	<b>11536 MEREDITH LANE</b>	
CITY-ST-ZIP	<b>SPRING HILL FL 34607</b>		CITY-ST-ZIP	<b>HUDSON FL 34652</b>	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BALISTRERI, PETER</b>		NAME	<b>John Cuff</b>	
STREET ADDRESS	<b>2407 COVINGTON AVE</b>		STREET ADDRESS	<b>9014 BOLTON AVE</b>	
CITY-ST-ZIP	<b>SPRING HILL FL 34608</b>		CITY-ST-ZIP	<b>HUDSON FL 34067</b>	
TITLE	VP	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ALVIN, LEBAS</b>		NAME	<b>ED BAILEY</b>	
STREET ADDRESS	<b>9555 RIVER RD</b>		STREET ADDRESS	<b>9412 NEW YORK</b>	
CITY-ST-ZIP	<b>SPRINGHILL FL 34606</b>		CITY-ST-ZIP	<b>HUDSON, FL 34667</b>	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>YOUNFLESH, JOE</b>		NAME	<b>MADALINE LEVEL</b>	
STREET ADDRESS	<b>7440 1ST CIR. DR.</b>		STREET ADDRESS	<b>12344 VERONA ST.</b>	
CITY-ST-ZIP	<b>BROOKSVILLE FL 34613</b>		CITY-ST-ZIP	<b>SPRING HILL FL 34609</b>	
TITLE		<input type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	<b>MAY Cuff</b>	
STREET ADDRESS			STREET ADDRESS	<b>9014 BOLTON AVE</b>	
CITY-ST-ZIP			CITY-ST-ZIP	<b>HUDSON FL 34067</b>	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <b>SAL FICO</b> P-T 1-9-01 (352) 683-3849 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

CR2E037 (10/00)