

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 15, 2003 8:00 am**  
**Secretary of State**

01-15-2003 90236 037 \*\*\*\*75.00

**DOCUMENT # 750934**

1. Entity Name

**THE ED SALMON FLORIDA STRING BAND, INC**



Principal Place of Business

**3226 WINDJAMMER DR  
SPRING HILL FL 34607**

Mailing Address

**3226 WINDJAMMER DR  
SPRING HILL FL 34607**

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

**FICO, SAL  
3226 WINDJAMMER DR  
SPRING HILL FL 34607**

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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PT** ☐ Delete  
NAME **FICO, SAL**  
STREET ADDRESS **3226 WINDJAMMER DR**  
CITY-ST-ZIP **SPRING HILL FL 34607**

TITLE **D** ☒ Delete *Died*  
NAME **PARHOLA, WALTER**  
STREET ADDRESS **11536 MEREDITH LANE**  
CITY-ST-ZIP **HUDSON FL 34652**

TITLE **VP** ☐ Delete  
NAME **ALVIN, LEBAS**  
STREET ADDRESS **9555 RIVER RD**  
CITY-ST-ZIP **SPRINGHILL FL 34606**

TITLE **D** ☒ Delete *Died*  
NAME **YOUNFLESH, JOE**  
STREET ADDRESS **7440 1ST CIR. DR.**  
CITY-ST-ZIP **BROOKSVILLE FL 34613**

TITLE **D** ☐ Delete  
NAME **CUFF, JOHN**  
STREET ADDRESS **9014 BOLTON AVENUE**  
CITY-ST-ZIP **HUDSON FL 34067**

TITLE **D** ☐ Delete  
NAME **BAILEY, ED**  
STREET ADDRESS **9412 NEW YORK**  
CITY-ST-ZIP **HUDSON FL 34667**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **S-D** ☒ Change ☐ Addition  
NAME **MAY CUFF**  
STREET ADDRESS **9014 BOLTON, AVE**  
CITY-ST-ZIP **HUDSON FL, 34067**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☒ Change ☐ Addition  
NAME **MADALINE LEVEL**  
STREET ADDRESS **12244 VERONA ST.**  
CITY-ST-ZIP **SPRING HILL, FL, 34609**

TITLE ☐ Change ☐ Addition  
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:

**SAL FICO** *Signature of Sal Fico* **REQUIRED** *Signature of Sal Fico* **1-12-03(352)683-3849**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)