

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90637 039 ***150.00

DOCUMENT # **K95198**

1. Entity Name

THE ALLMAN BROTHERS BAND, INC.



Principal Place of Business

**% CITRIN COOPERMAN & COMPANY
529 FIFTH AVE.
NEW YORK NY 10017
US**

Mailing Address

**% CITRIN COOPERMAN & COMPANY
529 FIFTH AVE.
NEW YORK NY 10017
US**

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

59-2950856

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
1204 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

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: \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **BETTS, FORREST R**
STREET ADDRESS **C/O HARRISON & ALDERMAN 5125 MANATEE AVE W**
CITY-ST-ZIP **BRADENTON FL 34209**

TITLE **ST** ☐ Delete
NAME **TRUCKS, CLAUDE H JR.**
STREET ADDRESS **C/O KEN GORDON 2400 PGA BLVD SUITE 4**
CITY-ST-ZIP **PALM BEACH GARDENS FL 33410**

TITLE **V** ☐ Delete
NAME **ALLMAN, GREGORY L**
STREET ADDRESS **418 FOSS STREET, C/O FINANCIAL SERV. CO**
CITY-ST-ZIP **HEALDSBURG CA 95448**

TITLE **V** ☐ Delete
NAME **JAIMOE**
STREET ADDRESS **533 COTTAGE GROVE ROAD**
CITY-ST-ZIP **BLOOMFIELD CT 06002**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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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 607, 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:

Signature, typed or printed name of signing officer or director

Date

Daytime Phone #

3/16/03