

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 15, 2001 08:00 AM**
Secretary of State**DOCUMENT # N00000004150****1. Entity Name**
THE GOLD COAST BRASS BAND, INCORPORATED

Principal Place of Business 2230-N SPRING HARBOR DRIVE DELRAY BEACH FL 334456902	Mailing Address 2230-N SPRING HARBOR DRIVE DELRAY BEACH FL 334456902
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2. Principal Place of Business 6406 BLUE BAY CIRCLE	3. Mailing Address 6406 BLUE BAY CIRCLE
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State LAKE WORTH FL	City & State LAKE WORTH FL
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Zip 33467	Country	Zip 33467	Country
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4. FEI Number 65-1019163	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BROUSSARD ARNOLD A
2230-N SPRING HARBOR DRIVE

DELRAY BEACH FL 334456902

7. Name and Address of New Registered Agent

Name
BROUSSARD ARNOLD A
Street Address (P.O. Box Number is Not Acceptable)
6406 BLUE BAY CIRCLE

City
LAKE WORTH FL **Zip Code**
33467

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 ARNOLD A. BROUSSARD****04/15/2001**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

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	D ROSENBERG JIM 7235 QUEENFERRY CIR BOCA RATON FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PIPER ROBERT 498 SW 11TH AVE BOCA RATON FL 33431	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPARKS GEORGE W 6007 RIDGE LANE OCEAN RIDGE FL 33435	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DART FRED 7217 ST ANDREWS RD LAKE WORTH FL 33467	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD BROUSSARD ARNOLD A 2230-N SPRING HARBOR DRIVE DELRAY BEACH FL 334456902	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCKINNES LESLIE H 6590 SW 56TH ST DAVIE FL 333147102	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Arnold A. Broussard****PSD****04/15/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Fax-time Phone #

CR2E037 (11/00)