

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000008431

1. Entity Name

FLAGLER SYMPHONIC SOCIETY, INC.

Principal Place of Business

83 PEPPERDINE DRIVE  
PALM COAST FL 32164

Mailing Address

83 PEPPERDINE DRIVE  
PALM COAST FL 32164

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

59-3705945

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

HIBBARD, GEORGE  
83 PEPPERDINE DRIVE  
PALM COAST FL 32164

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 type="checkbox"/> Delete
NAME	GAYTON, ERIC L	
STREET ADDRESS	164 PINE GROVE DRIVE	
CITY-ST-ZIP	PALM COAST FL 32164	
TITLE	D <del>SPRUNG, GAIL</del>	<input checked="" type="checkbox"/> Delete
NAME	<del>GAYTON, MIRON</del>	
STREET ADDRESS	<del>P.O. BOX 355456</del>	
CITY-ST-ZIP	<del>Palm Coast, FL 32135</del>	
TITLE	D <del>Mark D. Morgan</del>	<input checked="" type="checkbox"/> Delete
NAME	<del>GREENBERG, ROBERT</del>	
STREET ADDRESS	<del>17 Woodholme Ln</del>	
CITY-ST-ZIP	<del>100 ISLAND ESTATES PARKWAY Palm Coast FL 32164</del>	
TITLE	D	<input type="checkbox"/> Delete
NAME	HIBBARD, GEORGE	
STREET ADDRESS	83 PEPPERDINE DRIVE	
CITY-ST-ZIP	PALM COAST FL 32164	
TITLE	D <del>LOGAN, ALPHONSE</del>	<input type="checkbox"/> Delete
NAME	<del>LOGAN, ALPHONSE</del>	
STREET ADDRESS	<del>3 EAST POINT COURT</del>	
CITY-ST-ZIP	<del>PALM COAST FL 32164</del>	
TITLE	D	<input type="checkbox"/> Delete
NAME	STOEVER, HANS	
STREET ADDRESS	13 CLEVELAND COURT	
CITY-ST-ZIP	PALM COAST FL 32137	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D <del>SPRUNG, GAIL</del>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<del>SPRUNG, GAIL</del>	
STREET ADDRESS	<del>2 FLAMETREE COURT</del>	
CITY-ST-ZIP	<del>PALM COAST FL 32137</del>	
TITLE	D <del>MARK D. MORGAN</del>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<del>MARK D. MORGAN</del>	
STREET ADDRESS	<del>17 WOODHOLME LANE</del>	
CITY-ST-ZIP	<del>PALM COAST, FL 32164</del>	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/23/01 (386)  
445-0202

CR2E037 (10/00)

FILED  
Apr 28, 2001 8:00 am  
Secretary of State

04-28-2001 90051 007 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE