2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2002 8:00 am
Secretary of State
02-13-2002 90236 017 ****61.25

DOCUMENT # N00000008431

1. Entity Name

FLAGLER SYMPHONIC SOCIETY, INC.

Principal Place of Business	Mailing Address
~~83 PEPPERDINE DRIVE~~ ~~PALM COAST FL 32164~~	~~83 PEPPERDINE DRIVE~~ ~~PALM COAST FL 32164~~
FLAGLER SYMPHONIC SOCIETY	FLAGLER SYMPHONIC SOC.
2. Principal Place of Business: P.O. BOX 350033	3. Mailing Address: P.O. BOX 350033
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PALM COAST, FL	City & State: PALM COAST, FL
Zip: 32137 Country: USA	Zip: 32137 Country: USA

DO NOT WRITE IN THIS SPACE

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

HIBBARD, GEORGE
83 PEPPERDINE DRIVE
PALM COAST FL 32164

7. Name and Address of New Registered Agent

Name: DR. ELLIOT PURITZ
Street Address (P.O. Box Number is Not Acceptable): 12 VIA MARINO
City: PALM COAST FL Zip Code: 32137

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] M.D. / ELLIOT M. PURITZ, M.D. 1/10/02
Signature, Type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

PRESIDENT

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D GAYTON, ERIC L 164 PINE GROVE DRIVE PALM COAST FL 32164	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT (P) ~~DR. ELLIOT~~ PURITZ, DR. ELLIOT 12 VIA MARINO PALM COAST, FL 32137	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SPRUNG, GAIL 2 FLAMETREE COURT PALM COAST FL 32137	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V.P. (VP) ~~JEROME~~ FULL, JEROME 9 EAST CROSSBOW DRIVE PALM COAST, FL 32137	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MORGAN, MARK D 17 WOOD HOLME LANE PALM COAST FL 32164	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SCHRODER, RAINER 72 WESTBURY LANE PALM COAST, FL 32137	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HIBBARD, GEORGE 83 PEPPERDINE DRIVE PALM COAST FL 32164	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MANFRE, CORNELIA 10 WALNUT PLACE PALM COAST, FL 32137	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LOGAN, ALPHONSE 3 EAST POINT COURT PALM COAST FL 32164	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SWIFT, PATRICIA 10 CHEROKEE CT. E. PALM COAST, FL 32137	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D STOEVER, HANS 13 CLEVELAND COURT PALM COAST FL 32137	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WILLIAMS, DANA 22 CURRY CT. PALM COAST, FL 32137	☐ Change ☒ Addition

CR2E037 (9/01)

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] DR. ELLIOT M. PURITZ, M.D. 1/10/02 3864458737
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #