

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

**FILED**  
**Aug 01, 2003 8:00 am**  
**Secretary of State**

08-01-2003 90060 018 \*\*\*\*61.25

**DOCUMENT # N00000008431**

1. Entity Name  
**FLAGLER SYMPHONIC SOCIETY, INC.**



Principal Place of Business  
**PO BOX 350033  
PALM COAST FL 32137**

Mailing Address  
**PO BOX 350033  
PALM COAST FL 32137**

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**ELLIOT, PURITZ DR  
12 VIA MARINO  
PALM COAST FL 32137**

7. Name and Address of New Registered Agent

Name **Catherine L Dayb**  
Street Address (P.O. Box Number is Not Acceptable)  
**3 San Jose Dr**  
**Palm Coast**  
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. 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**  
**After September 10, 2003, mif will be \$236.25**

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>PURITZ, ELLIOT DR</b> <b>12 VIA MORINO</b> <b>PALM COAST FL 32137</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SPRUNG, GAIL</b> <b>2 FLAMETREE COURT</b> <b>PALM COAST FL 32137</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>FULL, JEROME</b> <b>9 EAST CROSSBOW DRIVE</b> <b>PALM COAST FL 32137</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SCHRODER, ROINER</b> <b>72 WEST BURY LANE</b> <b>PALM COAST FL 32137</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LOGAN, ALPHONSE</b> <b>3 EAST POINT COURT</b> <b>PALM COAST FL 32164</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>STOEVEER, HANS</b> <b>13 CLEVELAND COURT</b> <b>PALM COAST FL 32137</b>	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President</b> <b>Catherine L Dayb</b> <b>3 San Jose Drive</b> <b>Palm Coast FL 32137</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V P</b> <b>James Cannon</b> <b>P.O. Box 1438</b> <b>Flagler Beach FL 32136</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Treasurer</b> <b>Mary Ward</b> <b>24 Emerald Lane</b> <b>Palm Coast FL 32164</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Sec.</b> <b>Tracy Hicks</b> <b>19 N Coral Reef Ct</b> <b>Palm Coast FL 32137</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Dir</b> <b>Celia Pugliese</b> <b>4 Fern Ct</b> <b>Palm Coast FL 32137</b>	<input type="checkbox"/> Change <input checked="" 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)(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 REQUIRED**

**7.20.03 386.679.0870**

CR2E037 (4/03)