

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

**FILED**  
**Feb 12, 2003 8:00 am**  
**Secretary of State**

02-12-2003 90110 023 \*\*\*\*61.25

**DOCUMENT # NO1000003433**

1. Entity Name  
**ISLAND BANDS UNITY ASSOCIATION, INC.**



Principal Place of Business  
**15173 96TH LANE NORTH  
W. PALM BCH FL 33412**

Mailing Address  
**15173 96TH LANE NORTH  
W. PALM BCH FL 33412**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-1100308**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**PETER, SIMON  
15173 96TH LANE NORTH  
W. PALM BCH FL 33412**

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 \$61.25**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| TITLE | NAME               | STREET ADDRESS        | CITY-ST-ZIP              | Change                              | Addition                            |
|-------|--------------------|-----------------------|--------------------------|-------------------------------------|-------------------------------------|
| PD    | PETER, SIMON       | 15173 96TH LANE NORTH | W. PALM BCH FL 33412     | <input type="checkbox"/>            | <input type="checkbox"/>            |
| VD    | DELISH, DENNIS     | 1232 WEST 37TH ST.    | RIVIERA BCH FL 33404     | <input type="checkbox"/>            | <input type="checkbox"/>            |
| D     | JOHNSON, ROOSEVELT | 328 28TH ST.          | W. PALM BCH FL 33407     | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| SD    | GORDON, SUSAN      | 3134 AVE. H EAST      | RIVIERA BCH FL 33404     | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| TSD   | JOSEPH, WARREN     | 1105 CHEROKEE ST.     | JUPITER FL 33458         | <input type="checkbox"/>            | <input type="checkbox"/>            |
| ATD   | PICKERING, MICHAEL | 1120 AVE. G           | RIVIERA BCH FL 33404     | <input type="checkbox"/>            | <input type="checkbox"/>            |
|       | VICTOR ROSS        | 5123 CLUB ROAD        | WEST PALM BCH, FL. 33415 | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
|       | MICAH WINSTON      | 306 WEDGEWOOD PLZ DR. | RIVIERA BCH FL. 33404    | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |

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

02-03-03

561-841-8780

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)