

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

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90486 047 ****61.25



DOCUMENT # N01000005063
1. Entity Name
SOUTHERN UNITED STATES PIPE BAND ASSOCIATION, IN C.

Principal Place of Business Mailing Address
6408 TANAGER STREET **6408 TANAGER STREET**
SARASOTA FL 34241 **SARASOTA FL 34241**

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 **65-1119865** 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
WIEGAND, TERESA R
6408 TANAGER STREET
SARASOTA FL 34241

7. Name and Address of New Registered Agent
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 *Teresa R. Wiegand* - TERESA R. Wiegand 1-7-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	GEDDES, JOHN	
STREET ADDRESS	7341 SW 10TH STREET	
CITY-ST-ZIP	FORT LAUDERDALE FL 33317	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	DEIMLING, SCOTT	
STREET ADDRESS	1616 AMBERKEA DR. S	
CITY-ST-ZIP	BUNEDIN FL 35698	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MACDONALD, RODDY	
STREET ADDRESS	2937 WEBBER PLACE	
CITY-ST-ZIP	SARASOTA FL 34232	
TITLE	SD	<input type="checkbox"/> Delete
NAME	WEIGLAND, TERI	
STREET ADDRESS	6408 TANAGER ST	
CITY-ST-ZIP	SARASOTA FL 34232	
TITLE	TD	<input type="checkbox"/> Delete
NAME	LONGPHEE, MARGE	
STREET ADDRESS	162 KENSINGTON PARK DR	
CITY-ST-ZIP	DAVENPORT FL 33897	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dennis Barr	
STREET ADDRESS	11 Okapi Lane	
CITY-ST-ZIP	Orlando, FL 32825	
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: *Teresa R. Wiegand* 1-7-03 941-926-8289

CR2E037 (10/02)