

Amended -

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

DOCUMENT # N01000005063

1. Entity Name

SOUTHERN UNITED STATES PIPE BAND
ASSOCIATION, INC.



FILED

03 DEC -3 PM 12:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
162 KENSINGTON PARK DR.

3. Mailing Address
162 KENSINGTON PARK DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
DAVENPORT, FLORIDA

City & State
DAVENPORT, FLORIDA

4. FEI Number 65-1119865

Applied For
Not Applicable

Zip
33897

Country
USA

Zip
33897

Country
USA

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name LONGPHEE, MARGARET J

Street Address (P.O. Box Number is Not Acceptable)

162 KENSINGTON PARK DRIVE

City DAVENPORT, FL 33897

FL

Zip Code
33897

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

Margaret Longphee

MARGARET LONGPHEE

11/20/03

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$61.25
Initial or Amended UBR

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 PD, SANDY KEITH
STREET ADDRESS 1984 VALLEY DRIVE
CITY-ST-ZIP DUNEDIN, FL 34698

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME VD, DENNIS BARR
STREET ADDRESS 11 OKALPI LANE
CITY-ST-ZIP ORLANDO, FL 32825

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME VD, DAVID MC CALLISTER
STREET ADDRESS 8142 QUAIL HOLLOW BLVD
CITY-ST-ZIP WESLEY CHAPEL, FL 33544

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME TD, MARGARET LONGPHEE
STREET ADDRESS 162 KENSINGTON PARK DRIVE
CITY-ST-ZIP DAVENPORT, FL 33897

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

Mm 12/12/03

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 on an attachment with an address with all other like empowered.

SIGNATURE:

Margaret Longphee
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARGARET LONGPHEE

11/20/03

863-420-0859

Date

Daytime Phone #

CR2E0378 (12/02)