

FILED

02 NOV 15 AM 10:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # NO1000007087

1. Entity Name

BRASS BAND OF CENTRAL FLORIDA, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3072 HARBOR LAKE COURT

Suite, Apt. #, etc.

3. Mailing Address

3072 HARBOR LAKE COURT

Suite, Apt. #, etc.

City & State

OVIEDO, FLORIDA

City & State

OVIEDO, FLORIDA

Zip

32765

Country

USA

Zip

32765

Country

USA

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate or Status Desired

☐ \$8.75 Additional
Fee RequiredDO NOT WRITE
IN THIS SPACE

7. Name and Address of Current Registered Agent

Name KRAIG N. JOHNSON

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

315 EAST ROBINSON STREET

SUITE 600

City

ORLANDO

FL

Zip Code
32801

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

(NOTE: Registered Agent signature required when reappointing)

DATE

FEE IS \$61.25
Initial or Amended UBR9. Election Campaign Financing
Trust Fund Contribution.☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	PRESIDENT
NAME	DEE MCAFFEE (D)
STREET ADDRESS	1158 POINT NEWPORT TR (100)
CITY-ST-ZIP	CASSELBERRY, FL 32717
TITLE	VICE PRESIDENT
NAME	DEAN PSARAKIS
STREET ADDRESS	1209 GUERNSEY ST
CITY-ST-ZIP	ORLANDO FL 32804
TITLE	TREASURER
NAME	MARTIN CRIVELLO (D)
STREET ADDRESS	3072 HARBOR LAKE CT
CITY-ST-ZIP	OVIEDO, FL 32765
TITLE	BUSINESS MANAGER
NAME	JOHN COPELLA (D)
STREET ADDRESS	634 WOODWARD ST
CITY-ST-ZIP	ORLANDO, FL 32803
TITLE	LIBRARIAN
NAME	STEVE HEWITT (D)
STREET ADDRESS	1408 FULLERS CROSS RD
CITY-ST-ZIP	WINTER GARDEN, FL 34787
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE
IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN C. COPELLA, BUSINESS
MANAGER

Date

7/23/2002 (407) 895-6503
Daytime Phone #

CR20078 (12/01)

11/12/02

To Whom it may concern.

re: letter number 002A00058001

I believe you have dissolved our corporation in error.

We had some missing information on our UBR, you sent it back to me to complete it with the corrections added.

Your letter dated 10/2/02 stated that we should correct the information within 30 days of the date of the letter.

This was done and you recieved our correctionssometime prior to 10/18/02. This is the date of the letter number referenced above.

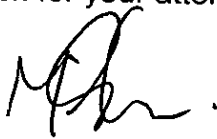
Since we did timely return the information you required, the corporation should still be active.

Could you please make the corrections needed to ensure we are still active as corporation.

Please send me some kind of reciept that all is in order.

I have enclosed all paperwork and correspondence for your reference.

Thanks very much for your attention.



Mark Griffin
Brass Band of Central Florida