

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

FILED
Jul 03, 2003 8:00 am
Secretary of State

5/51

05-05-2003 90196 037 ****61.25

DOCUMENT # NO1000007087

1. Entity Name
BRASS BAND OF CENTRAL FLORIDA, INC.



Principal Place of Business
**3072 HARBOR LAKE CT
OVIEDO FL 32765**

Mailing Address
**3072 HARBOR LAKE CT
OVIEDO FL 32765**

55050385

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 **APPLIED FOR**

Applied For

Not Applicable

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

**JOHNSON, KRAIG N
315 E ROBINSON ST STE 600
ORLANDO FL 32801**

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

TITLE **PD**
NAME **MCAFFEE, DEE**
STREET ADDRESS **1158 POINT NEWPORT TR (100)**
CITY-ST-ZIP **CASSELBERRY FL 32717**

☐ Delete

TITLE **V**
NAME **PSARAKIS, DEAN**
STREET ADDRESS **1209 GUERNSEY ST**
CITY-ST-ZIP **ORLANDO FL 32804**

☐ Delete

TITLE **TD**
NAME **GRiffin, MARK**
STREET ADDRESS **3072 HARBOR LAKE CT**
CITY-ST-ZIP **OVIEDO FL 32765**

☐ Delete

TITLE **BM**
NAME **COPELLA, JOHN**
STREET ADDRESS **634 WOODWARD ST**
CITY-ST-ZIP **ORLANDO FL 32803**

☐ Delete

TITLE **LD**
NAME **HEWITT, STEVE**
STREET ADDRESS **1408 FULLERS CROSS RD**
CITY-ST-ZIP **WINTER GARDEN FL 34787**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP

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☐ Change ☐ 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-28-03 407-365-2516

CR2E037 (10/02)