

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

FILED
May 09, 2003 8:00 am
Secretary of State

05-09-2003 90149 039 ****61.25

DOCUMENT # N02000004622

1. Entity Name
BAYWINDS WIND SYMPHONY OF TAMPA BAY, INC.



Principal Place of Business Mailing Address
16220 SEPTEMBER DRIVE 16220 SEPTEMBER DRIVE
LUTZ FL 33549 LUTZ FL 33549

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
ETN 03-0459966 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

GALLOPS, RONALD W
16220 SEPTEMBER DRIVE
LUTZ FL 33549

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	D GALLOPS, RONALD W	<input type="checkbox"/> Delete
STREET ADDRESS	16220 SEPTEMBER DRIVE	
CITY-ST-ZIP	LUTZ FL 33549	
TITLE NAME	C TRAISTER, JEFFREY	<input type="checkbox"/> Delete
STREET ADDRESS	16220 SEPTEMBER DRIVE	
CITY-ST-ZIP	LUTZ FL 33549	
TITLE NAME	D TESTON, JOSEPH M	<input type="checkbox"/> Delete
STREET ADDRESS	16220 SEPTEMBER DRIVE	
CITY-ST-ZIP	LUTZ FL 33549	
TITLE NAME	D BURGE, JAMES	<input type="checkbox"/> Delete
STREET ADDRESS	16220 SEPTEMBER DRIVE	
CITY-ST-ZIP	LUTZ FL 33549	
TITLE NAME	D GARCIA, TONY	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	16220 SEPTEMBER DRIVE	
CITY-ST-ZIP	LUTZ FL 33549	
TITLE NAME	D WOOD, DANIEL	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	16220 SEPTEMBER DRIVE	
CITY-ST-ZIP	LUTZ FL 33549	

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: **SIGNATURE REQUIRED** *RW Gallops* **9/17/03** **(813)949-6784**

CR2E037 (10/02)