

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N06119

FILED
Jan 06, 2003
Secretary of State

Entity Name: ST. JOHNS RIVER CITY BAND, INC.

Current Principal Place of Business:

226 N LAURA ST
JACKSONVILLE, FL 32202

New Principal Place of Business:

Current Mailing Address:

226 N LAURA ST
JACKSONVILLE, FL 32202

New Mailing Address:

FEI Number: 59-2500601

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCGINNIS, BOBI E
226 N LAURA ST
JACKSONVILLE, FL 32202 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: RINAMAN, W K
Address: 6501 ARLINGTON EXPRESSWAY, A101
City-St-Zip: JAX, FL 32211

Title: M () Delete
Name: MCGINNIS, BOBI E
Address: 1238 TIBER AVE
City-St-Zip: JACKSONVILLE, FL 32207

Title: SD () Delete
Name: MALDONADO, IRINA
Address: 9381 BEAUCLERC WOOD LN, N
City-St-Zip: JAX, FL 32257

Title: TD () Delete
Name: BARBONE, RAY
Address: 7159 CORKLAN DRIVE
City-St-Zip: JACKSONVILLE, FL 32258

Title: VD () Delete
Name: KALLAUS, KATHY
Address: 2128 FOREST HOLLOW WAY
City-St-Zip: JACKSONVILLE, FL 32259

Title: PD () Delete
Name: BROWN, DICK
Address: 1302 NEPTUNE GROVE DR EAST
City-St-Zip: NEPTUNE BEACH, FL 32266

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BOBI E MCGINNIS

M

01/06/2003

Electronic Signature of Signing Officer or Director

Date