

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N14449

FILED
Sep 12, 2002
Secretary of State

Entity Name: DENISON BAND PARENTS ASSOCIATION, INC.

Current Principal Place of Business:

400 AVENUE A, S.E.
WINTER HAVEN, FL 33880

New Principal Place of Business:

Current Mailing Address:

400 AVENUE A, S.E.
WINTER HAVEN, FL 33880

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

FULTZ, DAVID
2133 EDGEWATER CIRCLE, S.E.
WINTER HAVEN, FL 33880 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: PD () Delete
Name: NICSINGER, SHEILA
Address: 212 OVERLOOK DRIVE
City-St-Zip: WINTER HAVEN, FL 33884

Title: VD () Delete
Name: NICSINGER, FRANK
Address: 212 OVERLOOK DRIVE
City-St-Zip: WINTER HAVEN, FL 33884

Title: ST () Delete
Name: CULPEPPER, CHERYL A
Address: 885 MEADOWLARK COURT
City-St-Zip: WINTER HAVEN, FL 33884

Title: MD () Delete
Name: FULTZ, DAVID
Address: 2133 EDGEWATER CIRCLE
City-St-Zip: WINTER HAVEN, FL 33880

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: DELCAMP, JOHN
Address: 329 LAKE MIRIUM BLVD
City-St-Zip: WINTER HAVEN, FL 33884

Title: VD (X) Change () Addition
Name: SMITH, AMY
Address: 3800 GAINES DRIVE
City-St-Zip: WINTER HAVEN, FL 33884

Title: () Change () Addition
Name:
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: DAVID FULTZ

MD

09/12/2002

Electronic Signature of Signing Officer or Director

Date