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

2. Principal Place of Business

Suite, Apt. #, etc.

DOCUMENT # 1. Entity Name FLORIDA BRASS QUIN			
Principal Place of Business	 Mailing Address	<u></u>	
09 n tamiami trail Garasota fl 34236	709 N TAMIAMI TRAIL SARASOTA FL 34236		

3. Mailing Address

Suite, Apt. #, etc.

FILED Jul 21, 2003 8:00 am Secretary of State

04-07-2003 90174 031 ****61.25

44005602



☐ CHECK HERE IF MAKING CHANGES

City & State		City & State	City & State		4. FEI Number 59-2603081		Applied For	
				33 200001			Not Applicable	
Zip	Country	Zip	Country		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					
يرابيه بعديده الا	ومينين والأوارات المايد	The state of the s	· · · ·	Name	ر در این مهیده می در سیان در ساده		_	
MCKENNA, JOSEPH 709 N. TAMIAMI TRAIL SARASOTA FL 34236		Street Address (P.O. Box Number is Not Acceptable)						
				City		F	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)

FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25
Clork already soul

LONGBOAT KEY FL 34228

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

<u> </u>	TO COURT THIS							
10.			11. ADDITIONS/CHANGES TO OFFICERS AND			DIRECTORS IN 10		
TITLE	VD	☐ Delete	TITLE			Change	☐ Addition }	
NAME	BEATRICE FRIEDMAN	•	NAME	J			}	
STREET ADDRESS	435 L'AMBIANCE DR PHG		STREET ADDRESS				{	
CITY-ST-ZIP	LONGBOAT KEY FL 34228		CITY-ST-ZIP					
TITLE	VD	☐ Delete	TITLE	PRESIDENT	•	↓ Change	Addition	
NAME	LEUCHTER, HOPE		NAME	HOPE LEUCHTE	R.			
STREET ADDRESS	36 TIDY ISLAND BLVD		STREET ADDRESS	36 TIDY ISLAI	ND BOULEVARI	7	}	
CITY-ST-ZIP	BRADENTON FL 34210		CITY-ST-ZIP	BRAZENTON F	EL 34210			
TITLE	PD To the second	Delete	TITLE	TREASURER	್ರೀಯಾಗ್ - ಗಾರ್ವಚಿತ್ರಗಳ	Change	Addition	
NAME	JOST, JACK	·	NAME	MARTHA HONE	Υ			
STREET ADDRESS	4807 PEREGRINE POINT CIRCLE WEST		STREET ADDRESS	3428 HIGHLAND	3 BRIDGE ROA	Ъ		
CITY-ST-ZIP	SARASOTA FL 34231		CITY-ST-ZIP	SARASOTA, FL	<u> 34235</u>			
TITLE	SD	Delete	TITLE	SECRETARY	. `	☐ Change	Addition	
NAME	Jurgens, ronald	/ `	NAME	RICHARD FREEMI	łN		İ	
STREET ADDRESS	1560 HARBOR SOUND DRIVE		STREET ADDRESS	175 LONGBOAT			J	
CITY-ST-ZIP	LONGBOAT KEY FL 34228		CITY-ST-ZIP	LONGBOAT KES	1, FL 34020	5		
TITLE	TD	☐ Delete	TITLE	CHIEF FINANCE	LAL OFFICER	- Change	☐ Addition	
NAME	SHANLEY, DOUGLAS M		NAME	DOUGLAS M JH	thire it		i	
STREET ADDRESS	5271 ASHLEY PKWY		STREET ADORESS	5271 ASHLEY	PARKWAY		1	
CITY-ST-ZIP	SARASOTA FL 34241		CITY-ST-ZIP	SARASOTA, FL	34241			
TITLE	VD	☐ Delete	TITLE			☐ Change	☐ Addition	
NAME	LANGTON, BRYAN D		NAME					
STREET ADDRESS	3632 FAIR OAKS PLACE		STREET ADDRESS				ĺ	
CITY-ST-ZIP	LONGROAT KEY EL 34228		CITY-ST-ZIP				ļ	

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: