

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N18593

1. Entity Name

PALM BEACH POPS ORCHESTRA, INC.

Principal Place of Business

1395 N KILLIAN DR  
SUITE 1  
LAKE PARK FL 33403  
US

Mailing Address

P.O. BOX 13075  
NORTH PALM BEACH FL 33408-7075

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

65-0185581

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

DE BANG, RICHARD  
1395 N KILLIAN DR  
LAKE PARK FL 33403

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.

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  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D  
NAME PEARSON, FREDERICK K PHD  
STREET ADDRESS 1399 N KILLIAN DR  
CITY-ST-ZIP LAKE PARK FL 33403 ☒ Delete

TITLE DP  
NAME ORR, LINDA  
STREET ADDRESS 1399 N KILLIAN DR  
CITY-ST-ZIP LAKE PARK FL 33403 ☐ Delete

TITLE DVP  
NAME BULOW, RICHARD  
STREET ADDRESS 217 NO COUNTRY RD  
CITY-ST-ZIP ATLANTIS FL 33462 ☒ Delete

TITLE DVP  
NAME BULOW, JEANNE  
STREET ADDRESS 217 NO COUNTRY CLUB RD  
CITY-ST-ZIP ATLANTIS FL 33462 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE V.P. ~~BOARD~~  
NAME SUSAN STEINBACH  
STREET ADDRESS 4200 NORTH LAKE BLVD  
CITY-ST-ZIP PALM BEACH GARDENS, FL 33410 ☐ Change ☒ Addition

TITLE P.  
NAME RICHARD DE BANG  
STREET ADDRESS P.O. BOX 13075  
CITY-ST-ZIP NORTH PALM BEACH, FL 33408 ☐ Change ☒ Addition

TITLE VP, D  
NAME GWEN GAYDOS  
STREET ADDRESS 9900 ALTERATE AIA  
CITY-ST-ZIP PALM BEACH GARDENS, FL 33410 ☐ Change ☒ Addition

TITLE C.O.  
NAME BARBARA L. BOWARD  
STREET ADDRESS 1244 S. ALAHAMBRA CIR.  
CITY-ST-ZIP SOUTH CORAL GABLES, FL 33146 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(561) 624-5775



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)