

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 13, 2002 8:00 am**  
**Secretary of State**

05-13-2002 90137 003 \*\*\*\*61.25

**DOCUMENT # N18593**

1. Entity Name

**PALM BEACH POPS ORCHESTRA, INC.**

Principal Place of Business

Mailing Address

**1395 N KILLIAN DR  
 SUITE 1  
 LAKE PARK FL 33403  
 US**

**P.O. BOX 13075  
 NORTH PALM BEACH FL 33408**

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

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

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

TITLE **DP** ☒ Change ☐ Addition  
 NAME **BULOW, RICHARD**  
 STREET ADDRESS **217 NO COUNTRY RD**  
 CITY-ST-ZIP **ATLANTIS, FL 33462**

TITLE **DVP** ☐ Delete  
 NAME **DE BANG, RICHARD**  
 STREET ADDRESS **3145 MERIDIAN S.**  
 CITY-ST-ZIP **PALM BEACH GARDENS FL 33410**

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

TITLE **DVP** ☐ Delete  
 NAME **CLAUDE KELLY**  
 STREET ADDRESS **10141 43<sup>RD</sup> DR. S.**  
 CITY-ST-ZIP **BOYNTON BEACH, FL 33436**

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 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**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**April 25, 2002 (561) 624-5775**

CR2E037 (9/01)