

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

FILED
Feb 26, 2003 8:00 am
Secretary of State

02-26-2003 90177 017 ****70.00

DOCUMENT # N34984

1. Entity Name

THE RECYCLES ORCHESTRA, INC.



Principal Place of Business

**% JOHN L. JOHNSON
3253 HIDDEN LAKE DR E
JACKSONVILLE FL 32216**

Mailing Address

**% JOHN L. JOHNSON
3253 HIDDEN LAKE DR E
JACKSONVILLE FL 32216**

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 **59-2979710**

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

**JOHNSON, JOHN L.
3253 HIDDEN LAKE DR E
JACKSONVILLE FL 32216**

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. 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)

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **ANDERSON, C.S.**
STREET ADDRESS **3142 GREEN ARBOR PL**
CITY-ST-ZIP **JACKSONVILLE FL 32277**

TITLE **PD** ☒ Change ☐ Addition
NAME **ANDERSON C.S.**
STREET ADDRESS **3142 GREEN ARBOR PL**
CITY-ST-ZIP **JACKSONVILLE, FL 32277**

TITLE **D** ☒ Delete
NAME **ARNOT, GEORGE**
STREET ADDRESS **56 E 61ST ST APT 2**
CITY-ST-ZIP **JACKSONVILLE FL 32208**

TITLE **FRANK C** ☐ Change ☐ Addition
NAME **FRANK C**
STREET ADDRESS
CITY-ST-ZIP

TITLE **VPD** ☐ Delete
NAME **BYLES, JOE**
STREET ADDRESS **8559 MALAGA AVE.**
CITY-ST-ZIP **JACKSONVILLE FL 32073**

TITLE **D** ☐ Change ☒ Addition
NAME **FRANK CALLENDER**
STREET ADDRESS **1467 PINE GROVE AVE**
CITY-ST-ZIP **JACKSONVILLE, FL 32205**

TITLE **D** ☐ Delete
NAME **HEINTZINGER, ART**
STREET ADDRESS **623 SAN ROBAR DR.**
CITY-ST-ZIP **ORANGE PARK FL 32073**

TITLE **D** ☐ Change ☒ Addition
NAME **JIM SCHOONMAAKER**
STREET ADDRESS **991 LAKE ASBURY DR**
CITY-ST-ZIP **GREEN COVE SPRING 32043**

TITLE **D** ☐ Delete
NAME **SEATON, DORIS**
STREET ADDRESS **2507 HOLLY POINT RD. E**
CITY-ST-ZIP **ORANGE PARK FL 32073**

TITLE **D** ☐ Change ☒ Addition
NAME **JAMES DYMAN**
STREET ADDRESS **2156 SALT MYRTLE LANE**
CITY-ST-ZIP **ORANGE PARK, 32003**

TITLE **D** ☒ Delete
NAME **SORGE, J. T. JR.**
STREET ADDRESS **4235 SALESBURY DR.**
CITY-ST-ZIP **JACKSONVILLE FL 32224**

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: *C.S. ANDERSON*

2/21/03 904-744-4291

CR2E037 (10/02)