2001 UNIFORM BUSINESS REPORT (UBR)

May 18, 2001 8:00 am Secretary of State DOCUMENT # N37770 05-18-2001 90009 006 ****61.25 THE POLICE PIPE & DRUM CORPS OF FLORIDA, INC. Principal Place of Business Mailing Address 11300 NW 32ND PL P. O. BOX 450814 551295 SUNRISE FL 33345 SUNRISE FL 33323 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 65-0190917 Not Applicable Country \$8.75 Additional Country \Box 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) AGNEW, EDWARD 11300 NW 32ND PLACE SUNRISE FL 33323 Zip Code City 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. AGNEW! FOWARD SIGNATURE (NOTE: Registered Agent signature requi 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: П Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ■ Addition Change ☑ Delete TITLE TITLE MULINARI CHARLES 9410 NW 19TH PL MULINARI NAME NAME AGNEW, EDWARD STREET ADDRESS STREET ADDRESS 11300 NW 32ND PL FL 33322 CITY-ST-7IP CITY-ST-ZIP SUNRISE FL 33323 ☐ Addition Delete TITI F AGNEW EDWARD PL NAME LATIMER, JAMIE STREET ADDRESS STREET ADDRESS 5332 COUNTRY CIRCLE SUNRISE 33373 CITY-ST-ZIP CITY-ST-ZIP **BOYNTON BCH. FL 33437** ☐ Addition Delete TITLE TITLE APONTE NAME 5w 87 TH AVE GRAY, CHAUNCEY NAME **2800** STREET ADDRESS STREET ADDRESS 4730 NW 113TH AVE. PAVIE 33328 FL CITY-ST-ZIP CITY-ST-7IP SUNRISE FL 33312 ☐ Addition TITLE DEAN RALPH NAME MUUNARI, CHARLES NAME 4315 NW 95 TELL STREET ADDRESS STREET ADDRESS 9410 NW 19TH PL. SUNCISE FL 333BI CITY-ST-ZIP CITY-ST-7IP SUNRISE FL 33322 Change ☐ Addition Delete TITLE TITLE Ma CLOSKY JOHN NAME NAME Brink, Bill STREET ADDRESS STREET ADDRESS 4820 HAWKS BLUE RD. CITY-ST-ZIP CITY-ST-ZIP DAVIE FL 33331 Addition Delete ☐ Change TITLE TITLE HEGILLIGHDDY KEUIN NAME NAME 7647 ROCKPORT CIRCLE STREET ADDRESS STREET ADDRESS LAKE WOOTH CITY-ST-ZIP FL CITY-ST-ZIP

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an address, with all other like empowered. (964) 647-2341

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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

SIGNATURE: