2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N37770 Secretary of State** 1. Entity Name 01-21-2002 90004 008 \*\*\*\*61.25 THE POLICE PIPE & DRUM CORPS OF FLORIDA, INC. Principal Place of Business Mailing Address P. O. BOX 450814 11300 NW 32ND PL 72205 SUNRISE FL 33345 SUNRISE FL 33323 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0190917 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) AGNEW, EDWARD 11300 NW 32ND PLACE SUNRISE FL 33323 City 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 little if applicable. (NOTE: Registered Agent signature required when reinstating) DATE ٠. 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees **Department of State** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. (10/6) TITLE Delete TITLE ■ Addition COLLEEN J. HANSTEIN NAME AGNEW, EDWARD NAME BOIS SW BIST WAY STREET ADDRESS CR2E037 STREET ADDRESS 11300 NW 32ND PL DAVIE & 33384 CITY-ST-ZIP CITY-ST-ZIP SUNRISE FL 33323 Delete Change TITLE TITLE ☐ Addition PATRICK JOHNSTON APONTE, MARIEL NAME NAME 16714 SAPPHIRE ST WESTON FL 3333 STREET ADDRESS STREET ADDRESS 2800 SW 87TH AVE #1108 CITY-ST-ZIP-CITY-ST-ZIP DAVIE FL 33328 --TITLE ☐ Delete TOM WAIGHT AVERIOR DAVIE F. 33388 DEAN, RALPH NAME NAME STREET ADDRESS **4315 NW 95TH TERR** STREET ADDRESS CITY-ST-ZIP SUNRISE FL 33351 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition WILLIAM A CARRIGAN MULINARI, CHARLES NAME NAME 10800 500 29 THE STREET ADDRESS STREET ADDRESS 9410 NW 19TH PL CITY-ST-ZIP SUNRISE FL 33322 CITY-ST-ZIP 330a 8 FLA DAVIE Delete TITLE ☐ Change Addition MCCLOSKY, JOAN NAME NAME 3094 SW SUNSET TRACE CIRCLE STREET ADDRESS STREET ADDRESS PALM CITY FL 34990 CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Chance ☐ Addition MCGILLIGUDDY, KEVIN NAME NAME STREET ADDRESS 7647 ROCKPORT CIRCLE STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP LAKE WORTH FL 33467 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 in changed, or on an attachment with an address, with all other like empowered.

KEQUESTA

SIGNING OFFICER OR DIRECTOR CHARLES

J. HULINARI

SIGNATURE:

1/2

Mar 12, 2002 8:00 am

FILED