

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N40453

1. Entity Name

MAGIC DRUM AND BUGLE CORPS, INC.

**FILED**  
**Sep 15, 2000 8:00 am**  
**Secretary of State**

09-15-2000 90012 015 \*\*\*\*61.25

Principal Place of Business

Mailing Address

~~2498 ECON CIRCLE~~

~~#106~~

~~ORLANDO FL 32817~~

US

~~2498 ECON CIRCLE~~

~~#106~~

~~ORLANDO FL 32817~~

US

2. Principal Place of Business

6248 Abelia Drive

Suite, Apt. #, etc.

3. Mailing Address

PO Box 690426

Suite, Apt. #, etc.

City & State

Orlando FL

City & State

Orlando FL

4. FEI Number

59-2985544

Applied For

Not Applicable

Zip

32819

Country

US

Zip

32869-9426

Country

US

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

~~ELLIS, RONALD~~

~~2498 ECON CIRCLE~~

~~#106~~

~~ORLANDO FL 32817~~

Name

Timothy Heberling

Street Address (P.O. Box Number is Not Acceptable)

6248 Abelia Drive

City

Orlando

FL

Zip Code

32819

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

09/10/00

**FILE NOW: FEE IS \$61.25**

**After September 13, 2000 min. will be \$236.25**

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	PD	<input checked="" type="checkbox"/> Delete
NAME	BARRIEDO, JERRY	
STREET ADDRESS	1290 OAKFORD PLACE	
CITY-ST-ZIP	OVIEDO FL 32765	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	SHIELDS, LEE	
STREET ADDRESS	1604 WHITE DOVE DRIVE	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	<del>ELLIS, RONALD</del>	
STREET ADDRESS	<del>2498 ECON CIRCLE</del>	
CITY-ST-ZIP	<del>ORLANDO FL 32817</del>	
TITLE	VD	<input type="checkbox"/> Delete
NAME	FOLEY, JOHN	
STREET ADDRESS	6103 CRYSTAL VIEW DR.	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Timothy Heberling	
STREET ADDRESS	6248 Abelia Drive	
CITY-ST-ZIP	Orlando FL 32819	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

09/10/00

Date

407 366 5399

Daytime Phone #

CR2E037 (5/00)