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

DOCUMENT # NAOA53



FILED Aug 28, 2003 8:00 am Secretary of State

1. Entity Nam		BUGLE CORPS,)		•	5 015 ****70		
Principal Place 5248 ABELIA D ORLANDO FL : US	RIVE	s	PO BOX	Mailing Address PO BOX 690426 ORLANDO FL 32869-9426 US				1681 8 41 0 1011 00114 0104	II a fi ra aka a kan	TANAKA BILBAN BIRAN BI	en airm i far	
2. Principal P	lace of Busi	ness	3. Mailir	3. Mailing Address								
Suite, Apt.	#, etc.	-	Suite	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
City & Stat	e		City	City & State			4. FEI Number 59-2985544			<u> </u>	pplied For ot Applicable	
Zip	. Country		Zip	Zip		ry	5. Certifica	ate of Status Desir	ed 🗶	\$8.75 Ad Fee Require		
6. Name and Address of Current Registered Agent								nd Address of N				
HEBERLING, TIMOTHY 5248 ABELIA DRIVE ORLANDO FL 32819					·	Street Address (P.O. Box Number is Not Acceptable)						
OUTVIAN	J FL 32013					City			F	Zip Cod	de	
	Signature, typed	or printed name of registered ages 7: FEE IS \$61.25 , 2003, min will be \$		9. Election Car Trust Fund C	mpaign Fina	gent signature require	\$5.00 May Added to Fe	y Be		eck Payable		
10.		OFFICERS AND D	IRECTORS		11.		ADDITIONS/0	CHANGES TO OF	FICERS AND	DIRECTORS II		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TV Barriedo 1290 Oak Oviedo F	FORD PLACE		Delete	TITLE NAME STREET A	ADDRESS 43	ondus 124 h	Wheeler Jeko C	(VP ourt 3282	_	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M BP HEBERLIN 5248 ABE ORLANDO			□ Delete	TITLE NAME STREET	ADDRESS (3	nnie 380 novie f	Bennet S.W. 6	(2)	☐ Change	Addition &	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OWENS, I 238 CELE			Delete	TITLE NAME STREET A CHTY-ST			eFazio nte Dri		. □ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITLE NAME STREET A CITY-ST	ADORESS				☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITLE NAME STREET A CITY-ST					☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	ertify that th	e information supplied wi	th this filing d	Delete	TITLE NAME STREET A CITY-ST	- ZIP	ection 119.07/	3)(i) Florida Statu	tes I further	Certify that the	Addition	

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 eath; 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:

407-295-6758