

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000002899

1. Entity Name

THE FLORIDA CONCERT BAND, INC.

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90141 041 ****61.25

Principal Place of Business

Mailing Address

8879 SE HAWKS BILL WAY
HOBE SOUND FL 33475
US

P O BOX 8395
HOBE SOUND FL ~~33475~~ 33475
US

2. Principal Place of Business

3. Mailing Address

P.O. Box 8395

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
HOBE SOUND, FL

4. FEI Number

65-0437465

Applied For

Not Applicable

Zip

Country

Zip

Country

33475-8395 USA

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

BLAHUN, GEORGE
8879 SE HAWKS BILL WAY
HOBE SOUND FL 33475

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.

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
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete
NAME BLAHUN, GEORGE
STREET ADDRESS 8879 SE HAWKS BILL WAY
CITY-ST-ZIP HOBE SOUND FL 33455

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME KNECHT, STEVE
STREET ADDRESS 8420 S E CROFT CIR
CITY-ST-ZIP HOBE SOUND FL 33455

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S ☐ Delete
NAME FLANAGAN, JOSEPH
STREET ADDRESS 315 INDIAN GROVE DR
CITY-ST-ZIP STUART FL 34994

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Delete
NAME ~~FOX, B M~~
STREET ADDRESS 150 WOODBRIDGE RD
CITY-ST-ZIP ~~PALM BEACH FL 33480~~

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Delete
NAME ~~FREDRICK, ROBT~~
STREET ADDRESS 150 WOODBRIDGE RD
CITY-ST-ZIP ~~PALM BEACH FL 33480~~

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME SHORE, C M
STREET ADDRESS 7498 SE BAY CEDAR CIR
CITY-ST-ZIP HOBE SOUND FL 33455

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 another like empowered.

SIGNATURE: GEORGE BLAHUN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)