

# 2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 15, 2002 8:00 am  
Secretary of State

01-15-2002 90031 045 \*\*\*\*61.25

DOCUMENT # N93000002899

1. Entity Name

THE SYMPHONIC BAND OF AMERICA, INC.

Principal Place of Business

Mailing Address

8879 SE HAWKSBILL WAY  
HOBE SOUND FL 33455  
US

P.O. BOX 8395  
HOBE SOUND FL 33475-8395  
US

2. Principal Place of Business

3. Mailing Address

8879 SE HAWKSBILL WAY

P.O. BOX 8395

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HOBE SOUND, FL

City & State

HOBE SOUND, FL

4. FEI Number

65-0437465

Applied For

Not Applicable

Zip

33455

Country

USA

Zip

33475-8395

Country

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 HAWKSBILL WAY  
HOBE SOUND FL 33455

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

*George Blahun, President* *George Blahun, President* 1/10/2002

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 NAME STREET ADDRESS CITY-ST-ZIP	DD BLAHUN, GEORGE 8879 SE HAWKSBILL WAY HOBE SOUND FL 33455	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DD KNECHT, STEVE 8420 S E CROFT CIR HOBE SOUND FL 33455	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DD FLANAGAN, JOSEPH 315 INDIAN GROVE DR STUART FL 34994	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHORE, C M 7498 SE BAY CEDAR CIR HOBE SOUND FL 33455	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DD STROTHER, BARBARA 75 STEAMBOAT WHARF MYSTIC CT 06355-2748	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DD RHODES, DIANE 175 GREAT MEEK ROAD WATERFORD CT 06385-3739	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LIZ LYNCH CHENEY 51 TRUMBULL AVE STONINGTON, CT 06378	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOUISE FABRYKIEWICZ 281 STATE ST NEW LONDON, CT 06320	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DR. ROBERTA BITGOOD 13 BEST VIEW RR QUAKER HILL, CT 06375	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GEORGE BLAHUN, JR. P.O. BOX 17 QUAKER HILL, CT 06375	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/2002 (561)546-9999

CR2E037 (9/01)