

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000004104

1. Entity Name

THERAPY, THE BIG BAND, ASSOCIATION INC.

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90247 038 ****61.25

Principal Place of Business	Mailing Address
720 GULFSHORE DR APT 605 DESTIN FL 32541 US	P O BOX 1011 DESTIN FL 32540-1011 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number	59-3199410	Applied For
		Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GUIDRY, ROLAND D 720 GULFSHORE DRIVE, APT 605 DESTIN FL 32541	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 <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAGLIARDI, LEN	NAME	
STREET ADDRESS	603 COUNTRY CLUB AVE, NE	STREET ADDRESS	
CITY-ST-ZIP	FT WALTON BEACH FL 32547	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILONAS, DENIS	NAME	
STREET ADDRESS	106 GAIL LA RUE	STREET ADDRESS	496 PARISH BLVD
CITY-ST-ZIP	FT. WALTON BEACH FL 32548	CITY-ST-ZIP	MARY ESTHER FL 32569
TITLE	ST <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUIDRY, ROLAND	NAME	
STREET ADDRESS	720 GULFSHORE DR, APT 605	STREET ADDRESS	
CITY-ST-ZIP	DESTIN FL 32541	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RACKARD, DENNIS	NAME	
STREET ADDRESS	605 LAKEVIEW RD, NW	STREET ADDRESS	
CITY-ST-ZIP	FT WALTON BEACH FL 32547	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *Roland D Guidry*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/2000 (50) 837-5141

Date

Daytime Phone #

CR2E037 (9/99)