

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N93000004104**

1. Entity Name

THERAPY, THE BIG BAND, ASSOCIATION INC.**FILED**
Jan 08, 2001 8:00 am
Secretary of State

01-08-2001 90051 003 ****61.25

Principal Place of Business

**720 GULFSHORE DR
APT 605
DESTIN FL 32541
US**

Mailing Address

**P O BOX 1011
DESTIN FL 32540-1011
US**

00000000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3199410

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**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** ☐ Delete
NAME **GAGLIARDI, LEN**
STREET ADDRESS **603 COUNTRY CLUB AVE, NE**
CITY-ST-ZIP **FT WALTON BEACH FL 32547**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **MILONAS, DENIS**
STREET ADDRESS **106 GAIL LA RUE**
CITY-ST-ZIP **FT. WALTON BEACH FL 32548**TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **496 PARISH BLVD**
CITY-ST-ZIP **MARY ESTHER FL 32569**TITLE **ST** ☐ Delete
NAME **GUIDRY, ROLAND**
STREET ADDRESS **720 GULFSHORE DR, APT 605**
CITY-ST-ZIP **DESTIN FL 32541**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **RACKARD, DENNIS**
STREET ADDRESS **605 LAKEVIEW RD, NW**
CITY-ST-ZIP **FT WALTON BEACH FL 32547**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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 all other file empowered.

SIGNATURE:

ROLAND D. GUIDRY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)