

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2002 8:00 am**  
**Secretary of State**

05-05-2002 90294 043 \*\*\*\*61.25

**DOCUMENT # N94000003703**

1. Entity Name

**ATLANTIC HIGH SCHOOL BAND PATRONS ASSOCIATION, I  
 NC.**

Principal Place of Business

Mailing Address

**1250 REED CANAL ROAD  
 PORT ORANGE FL 32119**

**1250 REED CANAL ROAD  
 PORT ORANGE FL 32119**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3257040**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
 Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SCACCIA, DENNIS  
 1250 REED CANAL RD  
 PORT ORANGE FL 32119**

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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>P<br/>BARNES, ROBERT<br/>2335 BRIAN AVE<br/>SOUTH DAYTONA FL 32119</b> <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VD<br/>CURREY, TERRY<br/>1235 MELISSA DRIVE<br/>PORT ORANGE FL 32119</b> <input type="checkbox"/> Delete          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VD<br/>BENOIT, AVIS<br/>1079 WEXFORD WAY<br/>PORT ORANGE FL</b> <input checked="" type="checkbox"/> Delete        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VD<br/>JOHNSON, NANCY<br/>1201 BRENTWOOD CT<br/>PORT ORANGE FL</b> <input checked="" type="checkbox"/> Delete     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>T<br/>CORTES, STEVEN<br/>1245 THOMAS DR<br/>PORT ORANGE FL 32119</b> <input checked="" type="checkbox"/> Delete   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VD<br/>JOYNER, KIM<br/>844 PANDEROSA DR<br/>SOUTH DAYTONA FL</b> <input checked="" type="checkbox"/> Delete       |

|  |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PRES.<br/>TIM HOLBY<br/>3441 COUNTRY MANOR DR<br/>PORT ORANGE, FL 32129</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VP<br/>TYRA SULTARE<br/>169 SANFORD AVE<br/>DEBARY FL 32713</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>SECR.<br/>MARY ANN SUMNER<br/>1385 HYDE PARK RD<br/>PORT ORANGE FL 32128</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>TREAS.<br/>MARTIN McLOUGHLIN<br/>5491 S. NOVA RD<br/>PORT ORANGE FL 32127</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>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: M. McLOUGHLIN** **SIGNATURE REQUIRED** **MARTIN McLOUGHLIN TREAS** **4/15/02 407 297 1765**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)