2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N9400003703

FILED Apr 29, 2003 Secretary of State

Entity Name: ATLANTIC HIGH SCHOOL BAND PATRONS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 1250 REED CANAL ROAD PORT ORANGE, FL 32119 **Current Mailing Address: New Mailing Address:** 1250 REED CANAL ROAD PORT ORANGE, FL 32119 FEI Number: 59-3257040 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SCACCIA, DENNIS 1250 REED CANAL RD PORT ORANGE, FL 32119 US 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition HOLBY, TIM MOKRY, ERYL Name: Name: 3441 COUNTRY MANOR DR. Address: 3799 GROVE VIEW LANE Address: City-St-Zip: PORT ORANGE, FL 32129 City-St-Zip: PORT ORANGE, FL 32119 Title: VD () Delete Title: VD (X) Change () Addition CURREY, TERRY Name: FRITZ, DAVID Name: Address: 1235 MELISSA DRIVE Address: 420 FRANCES TERRACE City-St-Zip: PORT ORANGE, FL 32119 City-St-Zip: DAYTONA BEACH, FL 32118 Title: VD. () Delete Title: (X) Change () Addition SULTARE, TYRA CATHEY, DAWN Name: Name: 169 SANFORD AVE. Address: Address: 3431 COUNTRY WALK DR City-St-Zip: DEBARY, FL 32713 City-St-Zip: PORT ORANGE, FL 32119 Title: () Delete Title: (X) Change () Addition Name: SUMNER, MARY A Name: HULL, TAMELA L 1385 HYDE PARK RD. Address: Address: 830 WELLS DR City-St-Zip: PORT ORANGE, FL 32128 City-St-Zip: SOUTH DAYTONA, FL 32119 Title: (X) Delete Title: () Change () Addition MCLOUGHLIN, MARVIN N Name: Name: 5491 S. NOVA RD. Address: Address: City-St-Zip: PORT ORANGE, FL 32127 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ERYL MOKRY PD 04/29/2003