

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2003 8:00 am
Secretary of State

02-17-2003 90173 025 ****61.25

DOCUMENT # N95000004940

1. Entity Name

TALLAHASSEE HOME SCHOOL BAND, INC.



Principal Place of Business

**5050 VELDA DAIRY RD
TALLAHASSEE FL 32308
US**

Mailing Address

**5050 VELDA DAIRY RD
TALLAHASSEE FL 32308
US**

2. Principal Place of Business

3500 CLIFDEN DR

3. Mailing Address

3500 CLIFDEN DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tallahassee, FL

City & State

Tallahassee, FL

Zip

32309

Country

LEON

Zip

32309

Country

LEON

4. FEI Number **59-3345351**

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**RUBOTTOM, DON
5050 VELDA DAIRY RD
TALLAHASSEE FL 32308**

7. Name and Address of New Registered Agent

Name **Kevin Dady**
Street Address (P.O. Box Number is Not Acceptable)
3500 CLIFDEN DR
City **Tallahassee** **FL** Zip Code **32309**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Kevin B. Dady

PRESIDENT

2/1/03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	DADY, KEVIN	
STREET ADDRESS	3500 CLIFDEN DRIVE	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	D	<input type="checkbox"/> Delete
NAME	DADY, CINDY	
STREET ADDRESS	3500 CLIFDEN DRIVE	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	D	<input type="checkbox"/> Delete
NAME	OLIFF, HARRIET	
STREET ADDRESS	8608 KINGSTON CT	
CITY-ST-ZIP	TALLAHASSEE FL 32311	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HOLLAND, JANET	
STREET ADDRESS	4369 HUGGINS HILL LANE	
CITY-ST-ZIP	TALLAHASSEE FL 32311	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	REYNOLDS, RODGER	
STREET ADDRESS	3140 WOOD HILLS DR	
CITY-ST-ZIP	TALLAHASSEE FL 32303	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 like empowered.

SIGNATURE:

Kevin B. Dady **KEVIN B. DADY**

2/1/03

893-5781

CR2E037 (10/02)