

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000006975

1. Entity Name

CENTRAL FLORIDA POLICE PIPE BAND, INC.

FILED
May 22, 2000 8:00 am
Secretary of State

05-22-2000 90017 043 ****70.00

Principal Place of Business

Mailing Address

4120 SOUTH KIRKMAN ROAD
SUITE 307
ORLANDO FL 32811

4120 SOUTH KIRKMAN ROAD
SUITE 307
ORLANDO FL 32819-7547

2. Principal Place of Business

5059 Ernst Court

Suite, Apt. #, etc.

3. Mailing Address

5059 Ernst Court

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Orlando, FL

City & State

Orlando, FL

4. FEI Number

59-3566577

Applied For

Not Applicable

Zip

Country

32819

Zip

Country

32819

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

BARR, DENNIS
11 OKALPI LANE
ORLANDO FL 32825

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 BARR, DENNIS
STREET ADDRESS 11 OKALPI LANE
CITY-ST-ZIP ORLANDO FL 32825

TITLE D ☐ Change ☒ Addition
NAME Ken Mauchin
STREET ADDRESS 105 Sweet Gum Ct
CITY-ST-ZIP Sanford, FL 32773

TITLE D ☐ Delete
NAME LOCKWOOD, LARRY
STREET ADDRESS 844 WOODMEADE CT
CITY-ST-ZIP ORLANDO FL 32828

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME MACLEOD, RODERICK
STREET ADDRESS 4120 S KIRKMAN RD #307
CITY-ST-ZIP ORLANDO FL 32811

TITLE D ☒ Change ☐ Addition
NAME Roderick MacLeod
STREET ADDRESS 5059 Ernst Court
CITY-ST-ZIP Orlando, FL 32819

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ 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 like empowered.

SIGNATURE:

SIGNATURE OF RODERICK MACLEOD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/2000 407-345-8010
Date Daytime Phone #

166/6/2000 1:13