

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2002 8:00 am
Secretary of State

05-23-2002 90054 035 ****61.25

DOCUMENT # N98000006975

1. Entity Name

CENTRAL FLORIDA POLICE PIPE BAND, INC.

Principal Place of Business

Mailing Address

**5059 ERNST COURT
 ORLANDO FL 32819**

**5059 ERNST COURT
 ORLANDO FL 32819**

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

59-3566577

Applied For

Not Applicable

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

Roderick MacLeod

Street Address (P.O. Box Number is Not Acceptable)

5059 Ernst Ct

City

Orlando

FL

Zip Code

32819

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

Roderick MacLeod, Director

4/29/2002

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 **MAUCHIN, KEN**
 STREET ADDRESS **105 SWEET GUM CT**
 CITY-ST-ZIP **SANFORD FL 32773**

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

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 **MacLeod, Roderick**
 STREET ADDRESS **5059 Ernst Ct**
 CITY-ST-ZIP **Orlando, FL 32819**

TITLE **D** ☐ Delete
 NAME **MCDONNELL, JEFFERY**
 STREET ADDRESS **104 DECON MILL LANE**
 CITY-ST-ZIP **PALM COAST FL 32137**

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

TITLE **D** ☒ Delete
 NAME **GUILFOYLE, BOB**
 STREET ADDRESS **3817 GOLDEN GLOW DRIVE**
 CITY-ST-ZIP **ORLANDO FL 32828**

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

TITLE **D** ☐ Delete
 NAME **Julie Strasser**
 STREET ADDRESS **10947 Fernando St**
 CITY-ST-ZIP **Orlando, FL 32825**

TITLE **D** ☐ Change ☒ Addition
 NAME **Julie Strasser**
 STREET ADDRESS **10947 Fernando St**
 CITY-ST-ZIP **Orlando, FL 32825**

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 another like empowered.

SIGNATURE:

SIGNATURE OF Roderick MacLeod

4/29/2002 407-345-8010

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)