

2002 UNIFORM BUSINESS REPORT (UBR)

5/

FILED

Jul 16, 2002 8:00 am
Secretary of State

05-28-2002 91703 019 ****61.25

DOCUMENT # N98000007321

1. Entity Name

SOUTH DADE BAND & ORCHESTRA PATRONS ASSOCIATION, INC.

Principal Place of Business

28401 SW 167TH AVE.
HOMESTEAD FL 33031

Mailing Address

P O BOX 924400
PRINCETON FL 33157

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

65-0937724

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

Name

Chris Fulmer

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

22195 SW 252 ST.

City

Homestead

FL

Zip Code
33031

MEREDITH, LYNDA C
19800 SW 180 AVE
310
MIAMI FL 33187

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

Christina C. Fulmer

7-2-02

Signature of registered or printed name of registered agent or officer or director

(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 NAME STREET ADDRESS CITY-ST-ZIP	D PRUITT, BARBARA 28401 SW 167TH AVE. HOMESTEAD FL 33031 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SCHULTZ, DUANE 28401 SW 167TH AVE. HOMESTEAD FL 33031 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURGESS, DRUCILLA 28401 SW 167 AVE HOMESTEAD FL 33031 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT CLOW, LYNN 28401 SW 167TH AVE. HOMESTEAD FL 33031 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EVERETT, VIRGINIA 28401 SW 167 AVE HOMESTEAD FL 33031 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP CLOW, AL 28401 SW 167 AVE HOMESTEAD FL 33031 <input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Chris Fulmer 22195 SW 252 ST Homestead, FL 33031 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Victoria Van Ryn 24080 SW 157 Ave Homestead FL 33031 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Patricia A. Tomlin 27635 SW 167 AVE Homestead, FL 33031 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS 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:

LYNDA C. MEREDITH

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/28/02

305-251-5799

Date

Daytime Phone #

CR2E037 (9/01)