

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90122 029 ***158.75

DOCUMENT # P99000008968

1. Entity Name

GERRY DAVIS BAND, CORP.

Principal Place of Business

P.O. BOX 940185

MAITLAND FL 32794-0185

Mailing Address

P.O. BOX 940185

MAITLAND FL 32794-0185

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3514527

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GALLOWAY, GREGORY B

2000 UNIVERSAL STUDIOS PLAZA BUILDING 32

STE. 601

ORLANDO FL 32819

7. Name and Address of New Registered Agent

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

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **LENIGAN, DANIEL**
STREET ADDRESS **1701 LEE RD APT#22F**
CITY-ST-ZIP **WINTER PARK FL 32789**

TITLE **D** ☒ Delete
NAME **HUTCHINS, MARK**
STREET ADDRESS **1701 LEE RD APT#22F**
CITY-ST-ZIP **WINTER PARK FL 32789**

TITLE **D** ☐ Delete
NAME **COONLEY, RON**
STREET ADDRESS **1701 LEE RD APT#20F**
CITY-ST-ZIP **WINTER PARK FL 32789**

TITLE **D** ☐ Delete
NAME **WEST, JUSTIN**
STREET ADDRESS **1429 SPRING RIDGE CIRCLE**
CITY-ST-ZIP **WINTER GARDEN FL 34787**

TITLE **D** ☐ Delete
NAME **WINTER, ROBERT**
STREET ADDRESS **400 S. MAITLAND AVE**
CITY-ST-ZIP **MAITLAND FL 32751**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Director** ☒ Change ☐ Addition
NAME **Daniel Lenigan**
STREET ADDRESS **107 Fairway Dr.**
CITY-ST-ZIP **Longwood, FL 32779**

TITLE **Director** ☐ Change ☒ Addition
NAME **Raymond W Krugh**
STREET ADDRESS **6951 Bentley Place Way Apt H20**
CITY-ST-ZIP **Orlando, FL 32818-8017**

TITLE **Director** ☒ Change ☐ Addition
NAME **Ron Coonley**
STREET ADDRESS **3701-6 S. Lake Orlando Pkwy**
CITY-ST-ZIP **Orlando, FL 32808-0000**

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

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

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Justin W. West)

Date

Daytime Phone #

3/11/02

(407) 656-5103

CR2E034 (9/01)