

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 717570**

1. Entity Name

LARGO HIGH BAND BOOSTERS, INC.

Principal Place of Business

**410 MISSOURI AVE
LARGO FL 33770**

Mailing Address

**P.O. BOX 1738
LARGO FL 33779**

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

23-7299702

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**WHITNEY, MICHAELINE
2052 59TH WAY NO.
CLEARWATER FL 33760**

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

**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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
	PD WHITNEY, MICHAELINE	2052 59TH WAY NO.	CLEARWATER FL 33760	☐

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
	VPD BUEHLER, SUE	1431 SUNNY PARK DR.	CLEARWATER FL 33756	☐

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
	2VP CUSHING, LU	2069 ASHBURY DR.	CLEARWATER FL 33764	☐

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
	TD CARDONE, DEBBIE	4053 HARBOR HILLS DR.	LARGO FL 33770	☐

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☒ Delete
	S SABBIDES, KATHY	700 ORANGE VIEW DR.	LARGO FL 33778	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☒ Change	☐ Addition
	Secretary Debbie Bakewell	12594-92 way no	Largo 33773		

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change	☐ 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: *Michaeline Whitney*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90033 040 ****61.25

J U S E I U



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)