2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State
04-23-2003 90095 021 ****61.25

DOCUMENT # 734840

1. Entity Name

LAKE HOWELL HIGH SCHOOL BAND PARENTS ASSOCIATION , INC.

11008780

Principal Place of Business	Mailing Address
4200 DIKE ROAD WINTER PARK FL 32792 US	P.O. BOX 598 GOLDENROD FL 32733-0598 US

☒ CHECK HERE IF MAKING CHANGES

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 23-7421333 ☐ 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
GRIFFIN, ERIC 1018 MANCHESTER CIR WINTER PARK FL 32792	Name GRIFFIN , LISA Street Address (P.O. Box Number is Not Acceptable) 1018 MANCHESTER CIRCLE City WINTER PARK , FL **FL** Zip Code 32792

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Lisa Griffin, Lisa Griffin, President 4-20-03
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 Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD RIVERA, LUIS 4340 STEED TERRACE WINTER PARK FL 32792	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD GRIFFIN , LISA 1018 MANCHESTER CIRCLE WINTER PARK , FL 32792	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV PETRIE, ALAN 4449 STEED TERRACE WINTER PARK FL 32792	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV VOGT, KATHY 3804 SUTTERS MILL CIRCLE CASSELBERRY, FL 32707	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD MICHELS, MIMI 104 BUCKSKIN WAY WINTER SPRINGS FL 32708	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD CARDENAS , ELLIE 425 BRITTANY CIRLE CASSELBERRY, FL 32707	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD GRIFFIN, ERIC 1018 MANCHESTER CIR WINTER PARK FL 32792	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD ZIETLOW , DARYL 1502 THORNHILL CIRCLE OVIEDO, FL 32765	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/02)

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: Lisa Griffin SIGNATURE REQUIRED 4-20-03 407-657-5741