2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N9300004669

NORTH FORT MYERS HIGH BAND BOOSTERS, INC.

incipal Place							
	e of Business	Mailing Address					
NORTH FORT MYERS HIGH SCHOOL 1000 ORANGE GROVE BLVD. NORTH FORT MYERS FL 33903		5000 ORANGE GROVE BI	NORTH FORT MYERS HIGH SCHOOL 5000 ORANGE GROVE BLVD. NORTH FORT MYERS FL 33903				
Principal Pl	ace of Business	3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
				4. FEI Number			
City & State		City & State	City & State		5-0478028	 	olied For Applicable
Zip	Country	Zip	Country	5. Certificate of Sta		8.75 Addit	· · · · · · · · · · · · · · · · · · ·
					Fe	e Required	
	6. Name and Address of Cur	rent Registered Agent	Name	7. Name and Addr	ess of New Registered Ac	<u>jent</u>	
			Stroot Addr	ess (D.O. Boy Number is N	ot Aggentable)		
	MICHAEL F		Street Addr	ess (P.O. Box Number is N	ot Acceptable)		
1922 VICT SUITE A	Toria avenue		1				
FT. MYERS FL 33901			City		FL	Zip Code)
	named entity submits this statem	ent for the purpose of changing it	s registered office or re	gistered agent or both in t		<u> </u>	
	·	, ,		-			
IGNATURE .	Signature, typed or printed name of registered	d agent and title if applicable. (NC	PTE: Registered Agent signature r	equired when reinstating)	DATE		
		!					
	FILE NOW:	9. Election Campaig	gn Financing	\$5 00 May Be	Make Check P	avable to	
	FILE NOW: FEE IS \$61.25	9. Election Campaig Trust Fund Contr	·	\$5.00 May Be Added to Fees	Make Check P Department		
n	FEE IS \$61.25	Trust Fund Contr	ibution.	Added to Fees	Department (of State	
	FEE IS \$61.25	Trust Fund Contr	ibution. 11.	Added to Fees ADDITIONS/CHANGE	Department of the Department o	of State	10
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF STINING OFFICER OR DIRECTOR

FILED

May 07, 2001 8:00 am Secretary of State

05-07-2001 90009 011 ****61.25