

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90248 037 ****61.25

DOCUMENT # N93000004669

1. Entity Name

NORTH FORT MYERS HIGH BAND BOOSTERS, INC.

Principal Place of Business

Mailing Address

**NORTH FORT MYERS HIGH SCHOOL
 5000 ORANGE GROVE BLVD.
 NORTH FORT MYERS FL 33903**

**NORTH FORT MYERS HIGH SCHOOL
 5000 ORANGE GROVE BLVD.
 NORTH FORT MYERS FL 33903**

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

65-0478028

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

**KAYUSA, MICHAEL F
 1922 VICTORIA AVENUE
 SUITE A
 FT. MYERS FL 33901**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: **DP** Delete
 NAME: **TYRE, REBECCA**
 STREET ADDRESS: **5954 POETRY COURT**
 CITY-ST-ZIP: **N FORT MYERS FL 33903**

TITLE: **DP** Change Addition
 NAME: **Fuson, Richard**
 STREET ADDRESS: **1906 SE 4th St.**
 CITY-ST-ZIP: **Cape Coral, FL 33990**

TITLE: **DVP** Delete
 NAME: **TOUCHSTONE, SUSAN**
 STREET ADDRESS: **221 EVERGREEN AVENUE**
 CITY-ST-ZIP: **N FORT MYERS FL 33903**

TITLE: **DVP** Change Addition
 NAME: **Touchstone, Susan**
 STREET ADDRESS: **221 Evergreen Ave.**
 CITY-ST-ZIP: **N, Fort Myers, FL 33903**

TITLE: **D** Delete
 NAME: **HENDRYNX, VONDA**
 STREET ADDRESS: **11290 ROYAL TEE DRIVE**
 CITY-ST-ZIP: **CAPE CORAL FL 33909**

TITLE: **D** Change Addition
 NAME: **Donna Taylor**
 STREET ADDRESS: **2464 Second St, #2**
 CITY-ST-ZIP: **Fort Myers, FL 33901**

TITLE: **DT** Delete
 NAME: **CROWLEY, DENNIS**
 STREET ADDRESS: **13820 WILLOW BRIDGE DRIVE**
 CITY-ST-ZIP: **N FT MYERS FL 33903**

TITLE: **DT** Change Addition
 NAME: **Crowley, Dennis**
 STREET ADDRESS: **13820 Willow Bridge Dr.**
 CITY-ST-ZIP: **N. Fort Myers, FL 33903**

TITLE: **DS** Delete
 NAME: **BUCHER, BARBARA**
 STREET ADDRESS: **809 NE 6TH PLACE**
 CITY-ST-ZIP: **CAPE CORAL FL 33909**

TITLE: **DS** Change Addition
 NAME: **Fuson, Lucie**
 STREET ADDRESS: **1906 SE 4th St.**
 CITY-ST-ZIP: **Cape Coral, FL 33990**

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

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

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: *Dennis J. Crowley*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/2002
 Date

941-995-6254
 Daytime Phone #

CR2E037 (9/01)