FILED

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

## May 11, 2001 8:00 am Secretary of State DOCUMENT # N9900002294 R.H.S. BAND BOOSTERS, INC. 05-11-2001 90089 018 \*\*\*\*70.00 Principal Place of Business Mailing Address 1000 SCHOOL AVE. P.O. BOX 3194 PANAMA CITY FL 32401-0194 PANAMA CITY FL 32401 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3571682 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Harold Harris Street Address (P.O. Box Number is Not Acceptable) LITTLETON, JAMES E 1000 SCHOOL AVE. PANAMA CITY FL 32401 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW: 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. **Department of State FEE IS \$61.25** Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. 10. PO Addition □ Delete TITLE ☐ Change TITLE LITTLETON, JAMES E Billie Campbell 1000 School Auz NAME NAME 1000 SCHOOL AVE STREET ADDRESS STREET ADDRESS PANAMA CITY FL 32401 CITY-ST-7IP Panama City FI 32401 CITY-ST-ZIP **⊠** Delete TITLE ☐ Change ★ Addition TITLE KEEPIN, BRENDA Lamar Weathermon NAME NAME 6101 Wallace Rd 8625 E BAYHEAD COURT STREET ADDRESS STREET ADDRESS YOUNGSTOWN FL 32466 CITY-ST-ZIP CITY-ST-ZIP F1 32404 TITLE ☐ Delete TITLE Change ☐ Addition VAN EPPS, JENNIFER NAME NAME **525 TRACEY DRIVE** STREET ADDRESS STREET ADDRESS PANAMA CITY FL 32404 CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Delete TITLE ☐ Change ☐ Addition HARRIS, CATHERINE NAME NAME 227 PINE STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PANAMA CITY FL 32404 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

changed, or on an attachment with an address, with all other like empowered SIGNATURE:

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