2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 20, 2002 8:00 am Secretary of State DOCUMENT # N99000002294 1. Entity Name 05-20-2002 90100 026 ****70.00 R.H.S. BAND BOOSTERS, INC. Mailing Address Principal Place of Business 1000 SCHOOL AVE. P.O. BOX 3194 ひいくりもけるる PANAMA CITY FL 32401-0194 PANAMA CITY FL 32401 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-3571682 Not Applicable \$8.75 Additional Zip Country Zip Country \mathbf{X} 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) HARRIS, HAROLD R 🚽 227 PINE STREET PANAMA CITY FL 32404 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable Make Check Pavable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees **Department of State** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. (9/01) Change ☐ Addition Delete TITLE PD TITLE NAME Campbell, James NAME STREET ADDRESS 1000 SCHOOL AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PANAMA CITY FL 32401 **Addition** Stacy Applegate Change Delete TITLE TITLE NAME van EPPS, Jennifer NAME 1000 School Ave STREET ADDRESS STREET ADDRESS **525 TRACEY DRIVE** CITY-ST-ZIP CITY-ST-ZIP PANAMA CITY FL 32404 ☐ Change ☐ Addition ☐ Delete TITLE TD TITLE NAME HARRIS, CATHERINE NAME STREET ADDRESS STREET ADDRESS 227 PINE STREET CITY-ST-ZIP CITY-ST-ZIP PANAMA CITY FL 32404 **Change** ☐ Addition PD TITLE ☐ Delete TITLE WETHERMAN, LAMAR NAME NAME STREET ADDRESS STREET ADDRESS 6101 WALLACE ROAD CITY-ST-ZIP CITY-ST-ZIP PANAMA CITY FL 32404 Jerry Gousman VD Hwy 2297 ☐ Change **Addition** Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.