

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 735129

1. Entity Name

KING HIGH SCHOOL MUSIC CLUB, INC.

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90031 035 ****61.25

Principal Place of Business

Mailing Address

% KING HIGH SCHOOL
6815 NORTH 56TH STREET
TEMPLE TERRACE FL 33617

PO BOX 290012
TEMPLE TERRACE FL 33687-0012
US

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

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GRIFFIN, CHRIS
3209 KING CHARLES CIRCLE
SEFFNER FL 33584

7. Name and Address of New Registered Agent

Name BRENT SLEEPER

Street Address (P.O. Box Number is Not Acceptable)

1915 4TH ST. South

TPA FLA

City

33619 TPA FLA

FL

Zip Code 33619

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.

BRENT SLEEPER

(NOTE: Registered Agent signature required when reinstating)

DATE

3/10/00

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	KING, JOHN M	
STREET ADDRESS	3209 KING CHARLES CIRCLE	
CITY-ST-ZIP	SEFFNER FL 33584	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	HAMILTON, LINDA	
STREET ADDRESS	9309 ALANBROOKE DR.	
CITY-ST-ZIP	TEMPLE TERRACE FL 33617	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	TERRY ANN ZIELINSKI	
STREET ADDRESS	4703 DUNQUIN PL	
CITY-ST-ZIP	TAMPA FL 33610	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	CURRY, JILL	
STREET ADDRESS	209 WILLOWICK AVE	
CITY-ST-ZIP	TEMPLE TERRACE FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	JOHNSTON, MICHAEL	
STREET ADDRESS	6304 113TH AVE	
CITY-ST-ZIP	TEMPLE TERRACE FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GRIFFIN, MARY	
STREET ADDRESS	3209 KING CHARLES COURT	
CITY-ST-ZIP	SEFFNER FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVID CURRY	
STREET ADDRESS	209 WILLOWICK AVE	
CITY-ST-ZIP	TEMPLE TERRACE FLA. 33617	
TITLE	VPD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOAN VANNING	
STREET ADDRESS	6612 HEATHERTON CT.	
CITY-ST-ZIP	TEMPLE TERRACE, FLA. 33617	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRENT SLEEPER	
STREET ADDRESS	1915 4TH ST. S.	
CITY-ST-ZIP	TPA FLA 33619	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JILL CURRY	
STREET ADDRESS	209 WILLOWICK AVE.	
CITY-ST-ZIP	TEMPLE TERRACE, FLA. 33617	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 another like empowered.

SIGNATURE:

SIGNATURE REQUIRED

BRENT SLEEPER

3/10/00

813-248-2007

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)