

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 715770 (R)
 1. Entity Name
 SEMINOLE HIGH SCHOOL BAND ASSOCIATION, INC.

FILED
 Jun 20, 2000 8:00 am
 Secretary of State

06-20-2000 90015 005 ****70.00

00065423

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
 2701 RIDGEWOOD AVE
 SANFORD, FL. 32773-4919 (same)

2. Principal Place of Business Suite, Apt. #, etc.
 3. Mailing Address Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

4. FEI Number 59-615333 Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 TIMOTHY W. MEISEL
 1000 E. 1ST ST.
 SANFORD, FL. 32771

7. Name and Address of New Registered Agent
 Name Darcy J. Bono
 Street Address (P.O. Box Number is Not Acceptable)
 322 RUTH BLVD.
 City LONGWOOD FL Zip Code 32750

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: Darcy J. Bono Darcy J. Bono 6-13-2000
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	PD	<input checked="" type="checkbox"/> Delete		TITLE	PD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	JOHN BENTON			NAME	DARCY J BONO		
STREET ADDRESS	214 COACHMAN CT.			STREET ADDRESS	322 RUTH BLVD.		
CITY-ST-ZIP	SANFORD, FL. 32771			CITY-ST-ZIP	LONGWOOD, FL. 32750-4608		
TITLE	VD	<input checked="" type="checkbox"/> Delete		TITLE	VD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	EDNA BREWER			NAME	PATTI GRIMES		
STREET ADDRESS	1013 W. 2ND ST.			STREET ADDRESS	844 MONROE HARBOR PL.		
CITY-ST-ZIP	SANFORD, FL. 32771			CITY-ST-ZIP	SANFORD, FL. 32771		
TITLE	SD	<input checked="" type="checkbox"/> Delete		TITLE	SD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	ESTHER MEISEL			NAME	ANN CORBELL		
STREET ADDRESS	1000 E. 1ST ST			STREET ADDRESS	364 SPRINGWOOD COURT		
CITY-ST-ZIP	SANFORD, FL. 32771			CITY-ST-ZIP	LAKE MARY, FL. 32746		
TITLE	TD	<input checked="" type="checkbox"/> Delete		TITLE	TD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	TIMOTHY W. MEISEL			NAME	SHARON EDWARDS		
STREET ADDRESS	1000 E. 1ST ST.			STREET ADDRESS	329 HIDDEN LAKE DRIVE		
CITY-ST-ZIP	SANFORD, FL. 32771			CITY-ST-ZIP	SANFORD, FL. 32773		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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.

SIGNATURE: Darcy J. Bono Darcy J. Bono 6-13-2000 407-444-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)