

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Entity Name

715770 (R)  
SEMINOLE HIGH SCHOOL BAND ASSOCIATION, INC.

Principal Place of Business

Mailing Address

2701 RIDGEWOOD AVE  
SANFORD, FL. 32773-4999

(same)

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

59-6153333

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

00065423

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TIMOTHY W. MEISEL  
1000 E. 1ST ST.  
SANFORD, FL. 32771

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

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  
NAME JOHN BENTON  
STREET ADDRESS 214 COACHMAN CT.  
CITY-ST-ZIP SANFORD, FL. 32771 ☒ Delete

TITLE PD  
NAME Darcy J. Bono  
STREET ADDRESS 322 RUTH BLVD.  
CITY-ST-ZIP LONGWOOD, FL. 32750-4608 ☐ Change ☒ Addition

TITLE VD  
NAME EDNA BREWER  
STREET ADDRESS 1013 W. 2nd ST.  
CITY-ST-ZIP SANFORD, FL. 32771 ☒ Delete

TITLE VD  
NAME PATTI GRIMES  
STREET ADDRESS 844 MONROE HARBOR PL.  
CITY-ST-ZIP SANFORD, FL. 32771 ☐ Change ☒ Addition

TITLE SD  
NAME ESTHER MEISEL  
STREET ADDRESS 1000 E. 1ST ST  
CITY-ST-ZIP SANFORD, FL. 32771 ☒ Delete

TITLE SD  
NAME ANN CORBELL  
STREET ADDRESS 364 SPRINGWOOD COURT  
CITY-ST-ZIP LAKE MARY, FL. 32746 ☐ Change ☒ Addition

TITLE TD  
NAME TIMOTHY W. MEISEL  
STREET ADDRESS 1000 E. 1ST ST.  
CITY-ST-ZIP SANFORD, FL. 32771 ☒ Delete

TITLE TD  
NAME SHARON EDWARDS  
STREET ADDRESS 329 HIDDEN LAKE DRIVE  
CITY-ST-ZIP SANFORD, FL. 32773 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Darcy J. Bono 6-13-2000 407-444-2000

CR2E037 (9/99)