

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Aug 31, 2000 8:00 am
Secretary of State

08-31-2000 90100 008 ****61.25

DOCUMENT # 755278

1. Entity Name

TARPON SPRINGS BAND BOOSTERS, INC.

P

Principal Place of Business

1411 GULF ROAD
TARPON SPRINGS HIGH SCHOOL
TARPON SPRINGS FL 34689

Mailing Address

P.O. BOX 642
TARPON SPRINGS FL 34688
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2135073

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BATES, DEBRA L
305 MORNINGSIDE DR.
PALM HARBOR FL 34683

7. Name and Address of New Registered Agent

Name ELAINE VINSON
Street Address (P.O. Box Number is Not Acceptable)
436 E. TARPON AVE
City TARPON SPRINGS FL 34689

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

Elaine Vinson

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

8.23.00

DATE

FILE NOW: FEE IS \$61.25

After September 13, 2000 min. will be \$236.25

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	P	<input type="checkbox"/> Delete
NAME	VINSON, ELAINE	
STREET ADDRESS	P.O. BOX 702 N/A	
CITY-ST-ZIP	TARPON SPRINGS FL 34688	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	BATES, DEBRA L	
STREET ADDRESS	3080 SUGAR BEAR TEL	
CITY-ST-ZIP	PALM HARBOR FL 34684	
TITLE	SD	<input type="checkbox"/> Delete
NAME	KOVAR, BARB	
STREET ADDRESS	1399 SARATOGA CT	
CITY-ST-ZIP	PALM HARBOR FL 34689	
TITLE	D	<input type="checkbox"/> Delete
NAME	KEVIN LAHIFF	
STREET ADDRESS	1718 MEXICO AVENUE	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELAINE VINSON	
STREET ADDRESS	436 E. TARPON AVE	
CITY-ST-ZIP	TARPON SPRINGS, FL 34689	
TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHN O'SHEA	
STREET ADDRESS	853 HILLSIDE DR	
CITY-ST-ZIP	PALM HARBOR FL 34683	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KEVIN LAHIFF	
STREET ADDRESS	1718 MEXICO AVENUE	
CITY-ST-ZIP	TARPON SPRINGS, FL 34689	
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 all other like empowered.

SIGNATURE:

John O'Shea
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/23/00

(727) 864-3300

Date

Daytime Phone #

CR2E037 (5/00)