

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2002 8:00 am
Secretary of State

05-09-2002 90062 048 ****61.25

DOCUMENT # 704137

1. Entity Name

**SOUTH BROWARD HIGH SCHOOL BAND/BROWARDETTE PATRO
NS ASSOCIATION, INC.**

Principal Place of Business

**1916 N. 37TH AVE
HOLLYWOOD FL 33021**

Mailing Address

**1916 N. 37TH AVE
HOLLYWOOD FL 33021**

2. Principal Place of Business

3. Mailing Address

1901 N. FEDERAL HWY

1901 N. FEDERAL HWY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

BAND ROOM

BAND ROOM

City & State

City & State

HOLLYWOOD FL

HOLLYWOOD FL

Zip

Country

Zip

Country

33020

US

33020

US

4. FEI Number

65-0071298

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75-Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PENDL, DEBI
1916 N. 37TH AVE
HOLLYWOOD FL 33021**

**Name ROBERT CALABRESE
Street Address (P.O. Box Number is Not Acceptable)
1901 N. FEDERAL HWY - BAND
SOUTH BROWARD H.S.
City HOLLYWOOD FL Zip Code 33020**

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 NAME STREET ADDRESS CITY-ST-ZIP	PD LIBERO, ALLAN 2341 HEIDINF ST HOLLYWOOD FL 33020	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD PENDL, VINCE 1916 N. 37TH AVE HOLLYWOOD FL 33021	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WATSON, PAULINE 2627 HARDING STREET HOLLYWOOD FL 33020	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PENDL, DEBI 1916 N. 37TH AVE HOLLYWOOD FL 33021	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LIBERO, ALLAN 2341 HARDING ST HOLLYWOOD FL 33020	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DONALD JARVI 2531 HARDING ST HOLLYWOOD FL 33020	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ROBERT CALABRESE 1223 BUCHANAN ST HOLLYWOOD FL 33019	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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

4/22/02 954-923-9049

Date

Daytime Phone #

CR2E037 (9/01)