

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 25, 2003 8:00 am
Secretary of State

08-25-2003 90110 041 ****61.25

DOCUMENT # 710225

1. Entity Name

**NORTHEAST HIGH SCHOOL BAND BOOSTERS, INCORPORATE
D**



Principal Place of Business

**5500 16TH N
ST. PETERSBURG FL 33703
US**

Mailing Address

**200-72 AVENUE NORTH
APT #143 BLDG #9
SAINT PETERSBURG FL 33702**

2. Principal Place of Business

3. Mailing Address

8500 7th St. N.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

ST. PETERSBURG, FL.

4. FEI Number **59-2851258**

Applied For

Not Applicable

Zip

Country

Zip

Country

33702

USA

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

**BEST, ROBIN L
200 72ND AVENUE NORTH
143 BLDG #9
ST PETERSBURG FL 33702**

Name **Linda M. Summers**

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

8500 7th St. N.

City **St. PETERSBURG**

FL

Zip Code

33702

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Linda M. Summers* **Linda M. Summers - President**

(NOTE: Registered Agent signature required when reinstating)

July 31, 2003
DATE

FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VPD** ☐ Delete
NAME **DEGRAW, KELLI**
STREET ADDRESS **5619 COMMONWEALTH AVE N**
CITY-ST-ZIP **SAINT PETERSBURG FL 33703**

TITLE **VP** ☐ Change ☒ Addition
NAME **Julia Williams**
STREET ADDRESS **7961 3rd St N.**
CITY-ST-ZIP **St. Petersburg, FL 33702**

TITLE **PD** ☒ Delete
NAME **BEST, ROBIN L**
STREET ADDRESS **200 72ND AVENUE NORTH # 143 BLDG #9**
CITY-ST-ZIP **SAINT PETERSBURG FL 33702**

TITLE **PD** ☒ Change ☐ Addition
NAME **LINDA M. SUMMERS**
STREET ADDRESS **8500 7th St. N.**
CITY-ST-ZIP **ST. PETERSBURG, FL 33702**

TITLE **TD** ☒ Delete
NAME **INGRAM, SUSAN**
STREET ADDRESS **6867 21ST ST N**
CITY-ST-ZIP **ST PETERSBURG FL 33702**

TITLE **TD** ☐ Change ☒ Addition
NAME **KIMBERLY WOODS**
STREET ADDRESS **4432 HUNTINGTON ST. NE.**
CITY-ST-ZIP **ST. PETERSBURG, FL 33703**

TITLE **SD** ☒ Delete
NAME **HARMEL, CAROL**
STREET ADDRESS **1700 74TH CIRCLE NE**
CITY-ST-ZIP **SAINT PETERSBURG FL 33702**

TITLE **SD** ☒ Change ☐ Addition
NAME **DEGRAW, KELLI**
STREET ADDRESS **5619 COMMONWEALTH AVE N.**
CITY-ST-ZIP **ST. PETERSBURG, FL 33703**

TITLE **CD** ☐ Delete
NAME **SUMMERS, LINDA**
STREET ADDRESS **8500 7TH ST N**
CITY-ST-ZIP **SAINT PETERSBURG FL 33702**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: *Linda M. Summers* **Linda M. Summers** **7/31/03** **217-0566**

CR2E037 (4/03)