

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90125 046 ****70.00

DOCUMENT # 718303

1. Entity Name

COCOA HIGH SCHOOL BAND BOOSTERS, INC.

Principal Place of Business

**2000 TIGER TRAIL
COCOA FL 32926
US**

Mailing Address

**2000 TIGER TRAIL
COCOA FL 32926**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

23-7282938

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CARROLL, LYNDA
1213 ALAMANDA LANE
COCOA FL 32922**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

Lynda Carroll

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

(NOTE: Registered Agent signature required when reinstating)

DATE

April 26, 01

**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

TITLE	T	<input type="checkbox"/> Delete
NAME	CARROLL, LYNDA	
STREET ADDRESS	1213 ALAMANDALASE	
CITY-ST-ZIP	COCOA FL 32922	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	RICHARDSON, DAN	
STREET ADDRESS	8779 N INDIAN RIVER DR	
CITY-ST-ZIP	COCOA FL 32926	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	HACKNEY, DWITE	
STREET ADDRESS	2800 KENYON AVE	
CITY-ST-ZIP	COCOA FL 32926	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	ENOS, MARSHA	
STREET ADDRESS	P O BOX 1403	
CITY-ST-ZIP	COCOA FL 32922	
TITLE	D	<input type="checkbox"/> Delete
NAME	CARROLL, THOMAS	
STREET ADDRESS	1213 ALAMANDA LANE	
CITY-ST-ZIP	COCOA FL 32922	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	THOMAS, RENE	
STREET ADDRESS	2494 DIANNE ST.	
CITY-ST-ZIP	COCOA FL 32926	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Pres Margaret Chamberlin	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	6900 Hundred Acre Dr	
STREET ADDRESS	Cocoa Fla 32927	
CITY-ST-ZIP		
TITLE	VP Judy Greenwood	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	2150 Lake Dr	
STREET ADDRESS	Cocoa Fla 32926	
CITY-ST-ZIP		
TITLE	S Elaine Lee	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	513 N. CAROLINA AVE	
STREET ADDRESS	COCOA, FL 32922	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D Todd Conrad	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	2238 ARCTURUS CT.	
STREET ADDRESS	COCOA, FL 32926	
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 life empowered.

SIGNATURE:

Lynda Carroll

April 26, 01

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6325072*

CR2E037 (10/00)