

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE \$36.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 722369

(6)

1. Corporation Name

BUCHHOLZ BAND BOOSTERS, INC.

Principal Place of Business

5510 N.W. 27TH AVE.  
GAINESVILLE FL 32606-6405

Mailing Address

5510 N.W. 27TH AVE.  
GAINESVILLE FL 32606-6405

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

THORNTON, PAULA  
5510 NW 27 AVE  
GAINESVILLE FL 32606

3. Date Incorporated or Qualified

01/03/1972

4. FEI Number

59-0217165

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐

Yes

☐

No

8. This corporation owes or has paid the current year intangible  
Personal Property Tax due June 30.

☐

Yes

☐

No

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

7-7-98

DATE

12. OFFICERS AND DIRECTORS

TITLE VPD  
NAME ANDERSON, SANDY  
STREET ADDRESS 8807 NW 44TH PLACE  
CITY-ST-ZIP GAINESVILLE FL

☐ DELETE

TITLE TD  
NAME PARRY, JENNY  
STREET ADDRESS 10028 NW 24TH PLACE  
CITY-ST-ZIP GAINESVILLE FL

☐ DELETE

TITLE SD  
NAME HERGET, S HERRY  
STREET ADDRESS 10911 NW 14TH AVENUE  
CITY-ST-ZIP GAINESVILLE FL

☐ DELETE

TITLE PD  
NAME COSBY, BRENDA  
STREET ADDRESS 10208 SW 13TH PLACE  
CITY-ST-ZIP GAINESVILLE FL

☐ DELETE

TITLE VPD  
NAME ROSIN, GAIL  
STREET ADDRESS 4223 NW 76TH TERRACE  
CITY-ST-ZIP GAINESVILLE FL

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-7-98

FILED  
Jul 09 1998 8:00am  
Secretary of State



CR2E037 (5/98)