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**Apr 30, 1999 8:00 am**  
**Secretary of State**

04-30-1999 90073 024 \*\*\*\*61.25

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 722369**

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

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

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 ☐ **\$5.00 May Be Added to Fees**

9. Name and Address of Current Registered Agent

**THORNTON, PAULA  
5510 NW 27 AVE  
GAINESVILLE FL 32606**

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)

DATE

12. OFFICERS AND DIRECTORS

TITLE **VPD** ☒ DELETE  
NAME **ANDERSON, SANDY**  
STREET ADDRESS **6607 NW 44TH PLACE**  
CITY-ST-ZIP **GAINESVILLE FL**

TITLE **TD** ☒ DELETE  
NAME **PARRY, JENNY**  
STREET ADDRESS **10026 NW 24TH PLACE**  
CITY-ST-ZIP **GAINESVILLE FL**

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

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

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

**VPD** ☒ Change ☐ Addition  
**Beverly B. Stanley**  
**6522 NW 43rd Place**  
**Gainesville, FL 32606**

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

**TD** ☒ Change ☐ Addition  
**Louise H. Anderson**  
**9330 N.W. 12th Place**  
**Gainesville, FL 32606**

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

**SD** ☒ Change ☐ Addition  
**Jean M. Clough**  
**9305 SW 41st Lane**  
**Gainesville, FL 32608**

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

**VPD** ☒ Change ☐ Addition  
**Deborah Wade**  
**9304 SW 21st Ave.**  
**Gainesville, FL 32607**

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

**TD** ☐ Change ☒ Addition  
**Linda M. Yaxley**  
**1032 SW 78th Terr.**  
**Gainesville, FL 32607**

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/99

352 374-5384

Date

Daytime Phone #

CR2E037 (1/98)