

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 722369

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-0217165

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

THORNTON, PAULA  
5510 NW 27 AVE  
GAINESVILLE FL 32606

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

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 VPD ☐ Delete  
NAME STANLEY, BEVERLY B  
STREET ADDRESS 6522 NW 43RD PL  
CITY-ST-ZIP GAINESVILLE FL 32606

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

TITLE TD ☐ Delete  
NAME ANDERSON, LOUISE H  
STREET ADDRESS 9330 NW 12TH PL  
CITY-ST-ZIP GAINESVILLE FL 32606

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

TITLE SD ☐ Delete  
NAME CLOUGH, JEAN M  
STREET ADDRESS 9305 SW 41ST LANE  
CITY-ST-ZIP GAINESVILLE FL 32608

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

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

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

TITLE VPD ☐ Delete  
NAME WADE, DEBORAH  
STREET ADDRESS 9304 SW 21ST AVE  
CITY-ST-ZIP GAINESVILLE FL 32607

TITLE ☒ Change ☐ Addition  
NAME LINDA R. KITTS  
STREET ADDRESS 521 NW 123rd ST.  
CITY-ST-ZIP NEWBERY, FL 32669

TITLE TD ☐ Delete  
NAME YAXLEY, LINDA M  
STREET ADDRESS 1032 SW 78TH TERR  
CITY-ST-ZIP GAINESVILLE FL 32607

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:

*Louise H. Anderson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/13/00 352-372-6300

CR2E037 (9/99)