

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90108 024 ****61.25

DOCUMENT # 722369

1. Entity Name

SUCHHOLZ 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	<input checked="" type="checkbox"/> Delete
NAME	STANLEY, BEVERLY B	
STREET ADDRESS	6522 NW 43RD PL	
CITY-ST-ZIP	GAINESVILLE FL 32606	
TITLE	TD	<input type="checkbox"/> Delete
NAME	ANDERSON, LOUISE H	
STREET ADDRESS	9330 NW 12TH PL	
CITY-ST-ZIP	GAINESVILLE FL 32606	
TITLE	SD	<input type="checkbox"/> Delete
NAME	RODENWOLDF, VICKI	
STREET ADDRESS	1838 NW 55 TERRACE	
CITY-ST-ZIP	GAINESVILLE FL 32605	
TITLE	PD	<input type="checkbox"/> Delete
NAME	COSBY, BRENDA	
STREET ADDRESS	10208 SW 13TH PLACE	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	KITTS, LINDA R	
STREET ADDRESS	521 NW 123RD ST	
CITY-ST-ZIP	NEWBERRY FL 32669	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	YAXLEY, LINDA M	
STREET ADDRESS	1032 SW 78TH TERR	
CITY-ST-ZIP	GAINESVILLE FL 32607	

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John Bennett	
STREET ADDRESS	7814 SW 52 PL	
CITY-ST-ZIP	GAINESVILLE FL 32608	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E037 (9/01)

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 an other like empowered.

SIGNATURE:

Signature of Registered Agent
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/29/02

352-372-6300