2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2003 8:00 am
Secretary of State
01-23-2003 90128 036 ****61.25

DOCUMENT # 722369

1. Entity Name
BUCHHOLZ BAND BOOSTERS, INC.

Principal Place of Business	Mailing Address
5510 N.W. 27TH AVE. GAINESVILLE FL 32606-6405	5510 N.W. 27TH AVE. GAINESVILLE FL 32606-6405

☐ CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD BENNETT, JOHN 7814 S.W. 52 PLACE GAINESVILLE FL 32608	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD PRESIDENT RIGGS, CHRISTINE W 5025 NW 51ST PL GAINESVILLE, FL 32606	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD ANDERSON, LOUISE H 9330 NW 12TH PL GAINESVILLE FL 32606	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD VICE-PRESIDENT WILSON, PAMELA 2119 SW 78TH TER Gainesville, FL 32607	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD RODENWOLDF, VICKI 1838 NW 55 TERRACE GAINESVILLE FL 32605	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD SECRETARY PARHAM, LESLIE 2105 NW 36TH DR GAINESVILLE, FL 32605	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD COSBY, BRENDA 10208 SW 13TH PLACE GAINESVILLE FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD TREASURER GILLETTE, PHYLLIS 6313 NW 93RD Ter Gainesville, FL 32653	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/02)

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: SIGNATURE REQUIRED Christine W Riggs 1/20/03 352-371-0748
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #