

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 728738

1. Entity Name

TEAGUE MIDDLE SCHOOL BAND BOOSTERS, INC.

Principal Place of Business

1350 MCNEIL RD
ALTAMONTE SPRINGS FL 32714
US

Mailing Address

1350 MCNEIL RD
ALTAMONTE SPRINGS FL 32714-5439
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2099503

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TOBIN, ANDREA L
1350 MCNEIL RD
ALTAMONTE SPRINGS FL 32714

7. Name and Address of New Registered Agent

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	ERIOV, ROSE ANN	
STREET ADDRESS	209 MILFORD HAVEN	
CITY-ST-ZIP	LONGWOOD FL 32779	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	MCBRIARTY, ANN M	
STREET ADDRESS	3006 WEYMOUTH CT	
CITY-ST-ZIP	APOPKA FL 32703	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	WARLICK, DAVID	
STREET ADDRESS	513 MAJORCA AVE	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SARAS, MARY JO	
STREET ADDRESS	287 BENTLEY DR	
CITY-ST-ZIP	LONGWOOD FL 32779	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	SCHULER, BRENDA	
STREET ADDRESS	980 PACES CIRCLE APT 304	
CITY-ST-ZIP	APOPKA FL 32703	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RATAY, WILLIAM J	
STREET ADDRESS	1357 1/2 Holly Glen Run	
CITY-ST-ZIP	Apopka FL 32702	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BECKMAN JANET L.	
STREET ADDRESS	2211 S. TERRACE Blvd.	
CITY-ST-ZIP	Longwood FL 32779	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRAUER, SUSAN O.	
STREET ADDRESS	117 FOREST PARK CT	
CITY-ST-ZIP	Longwood, FL 32779	
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		

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 or without other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jun 05, 2000 8:00 am
Secretary of State

06-05-2000 90046 040 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)