

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 731503

1. Entity Name

DEERFIELD BEACH HIGH SCHOOL BAND PARENTS ASSOCIA

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90261 038 ****61.25

Principal Place of Business

Mailing Address

910 SW 15TH ST.
PO BOX 972
DEERFIELD BCH FL 33441
US

910 SW 15TH ST.
PO BOX 972
DEERFIELD BCH FL 33441-6222
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

VINIK, CHARLOTTE J
3120 NE 8TH TERRACE
POMPANO BCH FL 33064

4. FEI Number

59-1793437

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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	VD	<input type="checkbox"/> Delete
NAME	DILLEVIG, PATRICIA	
STREET ADDRESS	319 S.W. 34TH AVE.	
CITY-ST-ZIP	DEERFIELD BEACH FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	VINIK, CHARLOTTE	
STREET ADDRESS	3120 N.E. 8TH TERR.	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	SMITH, CORA	
STREET ADDRESS	1417 SE 2ND AVE	
CITY-ST-ZIP	DEERFIELD BCH FL 33441	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	ALLSOPP, GILLIAN	
STREET ADDRESS	16 SE 8 TERR	
CITY-ST-ZIP	DEERFIELD BEACH FL 33441	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCOTT, ARTHUR	
STREET ADDRESS	3840 NE 4 AVE	
CITY-ST-ZIP	POMPANO BEACH FL 33064	
TITLE	SD	<input type="checkbox"/> Delete
NAME	PETERSON, GISELE	
STREET ADDRESS	6470 KIMBERLY BLVD.	
CITY-ST-ZIP	N. FT. LAUDERDALE FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JO ANN FARRELL	
STREET ADDRESS	220 NW 38th Place	
CITY-ST-ZIP	Pompano, FL 33064	
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		

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: Charlotte J Vinik 4/26/2000 954-467-6496
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CF2E037 (9/99)