

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 734624

1. Entity Name

AVON PARK BAND PARENTS AND BOOSTER ASSOCIATION,

Principal Place of Business

Mailing Address

700 EAST MAIN STREET
AVON PARK FL 33825

700 EAST MAIN STREET
AVON PARK FL 33825-3224

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

59-6171071

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

BARBER, DEBORAH A
439 E. SHOCKLEY RD.
AVON PARK FL 33825

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

Deborah A Barber

(NOTE: Registered Agent signature required when reinstating)

DATE

4/26/2000

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
NAME PD
STREET ADDRESS MYERS, INDIA K
CITY-ST-ZIP 2035 N. TURBOT RD.
AVON PARK FL 33825 ☐ Delete

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

TITLE
NAME VD
STREET ADDRESS LAMBRIGHT, VEALDA
CITY-ST-ZIP 406 LK. DENTON TERR.
AVON PARK FL 33825 ☐ Delete

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

TITLE
NAME SD
STREET ADDRESS HELMS, MARY F
CITY-ST-ZIP 313 E. CAMPHOR ST.
AVON PARK FL 33825 ☐ Delete

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

TITLE
NAME TD
STREET ADDRESS BARBER, DEBORAH A
CITY-ST-ZIP 439 E. SHOCKLEY RD.
AVON PARK FL 33825 ☐ 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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:

Deborah A Barber DEBORAH A. BARBER 4/26/2000 (863) 453-4544

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 23, 2000 8:00 am
Secretary of State

05-23-2000 90214 046 ****61.25



DO NOT WRITE IN THIS SPACE

CR: E0317 (9/99)