

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 735129

1. Entity Name

KING HIGH SCHOOL MUSIC CLUB, INC.

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90031 035 ****61.25

Principal Place of Business

Mailing Address

% KING HIGH SCHOOL
6815 NORTH 56TH STREET
TEMPLE TERRACE FL 33617

PO BOX 290012
TEMPLE TERRACE FL 33687-0012
US

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

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GRIFFIN, CHRIS
3209 KING CHARLES CIRCLE
SEFFNER FL 33584

7. Name and Address of New Registered Agent

Name BRENT SLEEPER

Street Address (P.O. Box Number is Not Acceptable)

1915 4TH ST. South

TPA FLA

City

33619 TPA FLA

FL

Zip Code 33619

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.

BRENT SLEEPER

(NOTE: Registered Agent signature required when reinstating)

DATE

3/10/00

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
NAME KING, JOHN M
STREET ADDRESS 3209 KING CHARLES CIRCLE
CITY-ST-ZIP SEFFNER FL 33584 ☒ Delete

TITLE VPD
NAME HAMILTON, LINDA
STREET ADDRESS 9309 ALANBROOKE DR.
CITY-ST-ZIP TEMPLE TERRACE FL 33617 ☒ Delete

TITLE S
NAME TERRY ANN ZIELINSKI
STREET ADDRESS 4703 DUNQUIN PL
CITY-ST-ZIP TAMPA FL 33610 ☒ Delete

TITLE TD
NAME CURRY, JILL
STREET ADDRESS 209 WILLOWICK AVE
CITY-ST-ZIP TEMPLE TERRACE FL ☒ Delete

TITLE D
NAME JOHNSTON, MICHAEL
STREET ADDRESS 6304 113TH AVE
CITY-ST-ZIP TEMPLE TERRACE FL ☒ Delete

TITLE D
NAME GRIFFIN, MARY
STREET ADDRESS 3209 KING CHARLES COURT
CITY-ST-ZIP SEFFNER FL ☒ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME DAVID CURRY
STREET ADDRESS 209 WILLOWICK AVE
CITY-ST-ZIP TEMPLE TERRACE FLA. 33617 ☐ Change ☒ Addition

TITLE VPD
NAME JILL CURRY
STREET ADDRESS 209 WILLOWICK AVE
CITY-ST-ZIP TEMPLE TERRACE, FLA. 33617 ☐ Change ☐ Addition

TITLE TD
NAME BRENT SLEEPER
STREET ADDRESS 1915 4TH ST. S.
CITY-ST-ZIP TPA FLA 33619 ☐ Change ☒ Addition

TITLE S
NAME JILL CURRY
STREET ADDRESS 209 WILLOWICK AVE.
CITY-ST-ZIP TEMPLE TERRACE, FLA. 33617 ☐ Change ☒ Addition

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

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 another like empowered.

SIGNATURE:

SIGNATURE REQUIRED

BRENT SLEEPER

3/10/00

813-248-2007

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)