

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2002 8:00 am
Secretary of State

02-24-2002 90044 008 ****61.25

DOCUMENT # 737107

1. Entity Name

FORT MEADE BAND BOOSTERS, INC.

Principal Place of Business

Mailing Address

**700 NEDGEWOOD DRIVE
 FORT MEADE FL 33841**

**700 NEDGEWOOD DRIVE
 FORT MEADE FL 33841**

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

58-3025833

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

**ECKMAN, JOHN L
 700 N EDGEWOOD DR
 FORT MEADE FL 33841**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Delete
 NAME **MEDDERA, BARBARA**
 STREET ADDRESS **601 CLERMONT AVENUE N**
 CITY-ST-ZIP **FORT MEADE FL 33841**

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

TITLE **VP** ☒ Delete
 NAME **RODRIGUEZ, GLORIA**
 STREET ADDRESS **6105 PINETREE DR**
 CITY-ST-ZIP **BARTOW FL 33830**

TITLE **VP** ☐ Change ☒ Addition
 NAME **FINEIS, FLORA**
 STREET ADDRESS **724 NE 3rd St.**
 CITY-ST-ZIP **FORT MEADE, FL 33841**

TITLE **S.** ☒ Delete
 NAME **COTTRELL, SARITA**
 STREET ADDRESS **1500 BROOKE RD**
 CITY-ST-ZIP **FT MEADE FL 33841**

TITLE **S.** ☐ Change ☒ Addition
 NAME **MAPLE, SUZANNE**
 STREET ADDRESS **1107 FIORAL AVE.**
 CITY-ST-ZIP **BARTOW, FL 33830**

TITLE **T** ☐ Delete
 NAME **CRIBBS, JEANNIE**
 STREET ADDRESS **28 N OAK AVE**
 CITY-ST-ZIP **FT MEADE FL 33841**

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

TITLE **D** ☐ Delete
 NAME **GARCIA, JESUS**
 STREET ADDRESS **2355 HWY 98 E**
 CITY-ST-ZIP **FORT MEADE FL 33541**

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

TITLE **D** ☐ Delete
 NAME **GARCIA, BEATRIZ**
 STREET ADDRESS **2355 HWY 98 E**
 CITY-ST-ZIP **FORT MEADE FL 33841**

TITLE ☐ Change ☐ 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: SIGNATURE REQUIRED JEANNIE CRIBBS

2/6/02 (863) 285-9583

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)