

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 737520

1. Entity Name

CORAL SPRINGS BAND PARENTS ASSOC., INC.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90119 009 ****61.25

Principal Place of Business

CORAL SPRINGS HIGH SCHOOL
BAN DEPARTMENT
CORAL SPGS. FL 33065
US

Mailing Address

8222 WILES ROAD
SUITE 282
CORAL SPRINGS FL 33067-1900
US

2. Principal Place of Business

3. Mailing Address

5444 N.W. 83 WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

CORAL SPRINGS, FL.

4. FEI Number

34-4422267

Applied For

Not Applicable

Zip

Country

Zip

Country

33067

U.S.A.

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

COHEN, JERRY
% CSHS BAND DIRECTOR
8222 WILES RD, SUITE 282
CORAL SPRINGS FL 33067-1900

Name LAWRENCE M. DILL

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

5444 N.W. 83 WAY

City CORAL SPRINGS

FL

Zip Code

33067

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

Lawrence M. Dill

LAWRENCE M. DILL

4/27/2000

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 PD ☐ Delete

NAME KONSUAUGE, PAUL
STREET ADDRESS 2161 NW 70 LN
CITY-ST-ZIP MARGATE FL 33063

TITLE VD ☐ Delete

NAME LINDHOLM, JOANNE
STREET ADDRESS 4901 N RIVERSIDE DR
CITY-ST-ZIP CORAL SPRINGS FL

TITLE TD ☐ Delete

NAME DILL, LAWRENCE M
STREET ADDRESS 5444 NW 83RD WAY
CITY-ST-ZIP CORAL SPRINGS FL

TITLE SD ☐ Delete

NAME COWARD, CHRISTINE
STREET ADDRESS 5241 NW 90TH TERRACE
CITY-ST-ZIP CORAL SPRINGS FL

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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TITLE ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Lawrence M. Dill LAWRENCE M. DILL 4/27/2000 954-782-5250

CR2E037 (9/99)