

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 737773

1. Entity Name

BAND BOOSTERS INCORPORATED

**FILED**  
**Jun 05, 2000 8:00 am**  
**Secretary of State**

06-05-2000 90005 018 \*\*\*\*61.25

Principal Place of Business

Mailing Address

P.O. BOX 273852  
BOCA RATON FL 33429  
US

P.O. BOX 273853  
BOCA RATON FL 33427-3853  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip Country Zip Country

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

VOLLING, BRUCE  
1073 W. ROYAL PALM RD  
BOCA RATON FL 33486

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 PD ☐ Delete  
NAME VOLLING, BRUCE  
STREET ADDRESS 1073 W ROYAL PALM RD  
CITY-ST-ZIP BOCA RATON FL 33486

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

TITLE VD ☐ Delete  
NAME PINKOLZE, BETSY  
STREET ADDRESS 401 NE 42ND STREET  
CITY-ST-ZIP BOCA RATON FL 33431

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

TITLE TD ☒ Delete  
NAME FRENCH, SHERRY  
STREET ADDRESS 712 N.W. 7TH DRIVE  
CITY-ST-ZIP BOCA RATON FL 33486

TITLE ☐ Change ☒ Addition  
NAME Treasurer  
STREET ADDRESS Barbara Stergiades  
CITY-ST-ZIP 4205 Intracoastal Dr  
Highland Beach, FL 33487

TITLE SD ☐ Delete  
NAME KARPINSKI, ROZ  
STREET ADDRESS 800 SW 9TH AVE  
CITY-ST-ZIP BOCA RATON FL 33486

TITLE ☒ Change ☐ Addition  
NAME 2nd VP  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME Secretary  
STREET ADDRESS Carol Peterson  
CITY-ST-ZIP 923 Jasmine Dr  
Delray Beach, FL 33483

TITLE ☐ Delete  
NAME  
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: *Barbara Stergiades*

Barbara Stergiades 572/00 (521) 278-6628

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)