

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 758360

1. Entity Name

SUWANNEE HIGH SCHOOL BAND BOOSTERS, INC.

P

FILED

Aug 28, 2000 8:00 am
Secretary of State

08-28-2000 90035 045 ****61.25

Principal Place of Business

1200 PINE AVE.
P.O. BOX 1477
LIVE OAK FL 32060-4026

Mailing Address

1200 PINE AVE.
P.O. BOX 1477
LIVE OAK FL 32064-1477
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 59-2177855

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCDONALD, MUREL
7291 CR 249
LIVE OAK FL 32060

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 NAME STREET ADDRESS CITY - ST - ZIP | D MCDONALD, MUREL 7291 CR 249 LIVE OAK FL | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VD JORDON, LARRY 2712-122 TERRACE WELLBORN FL | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | ID HARMON, SANDRA 10161 112TH CIR LIVE OAK FL 32060 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | SD MAKELA, DENISE 17385 10 TERRACE LIVE OAK FL 32060 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D ROACH, PATTY 16011 CR 252 WELLBORN FL | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD MCNICHOLS, CHARLOTTE 15757 128 PLACE LIVE OAK FL 32060 | <input type="checkbox"/> Delete |

| | |
|---|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| PD JORDON, LARRY 2712 122ND TERRACE WELLBORN FL | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| SD DONNA SERRANO 12665 225TH RD LIVE OAK FL 32060 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| VD BETH LEPPER 23195 104TH ST LIVE OAK FL 32060 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| D MCNICHOLS, CHARLOTTE 15757 128 PL LIVE OAK FL 32060 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SANDRA HARMON 5-6-00

904-362-1659

Date

Daytime Phone #

CR2E037 (9/99)