

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90449 037 ****61.25

DOCUMENT # 765847

1. Entity Name

JAY HIGH SCHOOL BAND BOOSTERS, INC.



Principal Place of Business

**4955 S. ALABAMA STREET
JAY FL 32565**

Mailing Address

**P.O. BOX 712
JAY FL 32565**

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 **07-0004504**

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

**COTTON, TWYLA
13533 CHUMUCKLA HWY
JAY FL 32565**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Twyla Cotton

4-8-03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|----------------------------|--|
| TITLE | PD | <input checked="" type="checkbox"/> Delete |
| NAME | DIAMOND, DONNA | |
| STREET ADDRESS | 2300 CAMORS ROAD | |
| CITY-ST-ZIP | JAY FL 32565 | |
| TITLE | SD | <input checked="" type="checkbox"/> Delete |
| NAME | PENTON, TERESA | |
| STREET ADDRESS | 4510 HWY 182 | |
| CITY-ST-ZIP | JAY FL 32565 | |
| TITLE | VD | <input checked="" type="checkbox"/> Delete |
| NAME | WHITE, AL | |
| STREET ADDRESS | 13347 HIGHWAY 89 | |
| CITY-ST-ZIP | JAY FL 32565 | |
| TITLE | TD | <input type="checkbox"/> Delete |
| NAME | COTTON, TWYLA | |
| STREET ADDRESS | 13533 CHUMUCKLA HWY | |
| CITY-ST-ZIP | JAY FL 32565 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|----------------------------|--|
| TITLE | PD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | White, William A. | |
| STREET ADDRESS | 13347 Highway 89 | |
| CITY-ST-ZIP | Jay, FL 32565 | |
| TITLE | SD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Sutler, Cheryl | |
| STREET ADDRESS | 2250 Sutler Lane | |
| CITY-ST-ZIP | Milton, FL 32570 | |
| TITLE | VD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Gafford, Wanda | |
| STREET ADDRESS | 3100 Lewis Rd. | |
| CITY-ST-ZIP | Milton, FL 32570 | |
| TITLE | TD | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Cotton, Twyla | |
| STREET ADDRESS | 13533 Chumuckla Hwy | |
| CITY-ST-ZIP | Jay, FL 32565 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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:

Twyla Cotton

4-8-03

850-675-1556

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)