

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Feb 21, 2001 08:00 AM****Secretary of State****DOCUMENT # N00000005696****1. Entity Name**  
NAVARRE HIGH SCHOOL BAND BOOSTERS, INC.**Principal Place of Business**  
8600 H.S. ROAD  
NAVARRE FL 32566**Mailing Address**  
8668 NAVARRE PARKWAY, #261  
NAVARRE FL 32566**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip Country

Zip Country

**4. FEI Number**  
**52-2092285**

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**MAGNES CHERYL  
7661 MARTHAS WAYNAVARRE FL  
32566 US

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** **02/21/2001**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE

**FILE NOW:**  
**FEE IS \$61.25****9. Election Campaign Financing** ☐ **\$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** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** ☐ Change ☒ Addition  
**NAME** D GNOTH COREEN  
**STREET ADDRESS** 8600 HIGH SCHOOL ROAD  
**CITY-ST-ZIP** NAVARRE FL 32566**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** ☐ Change ☒ Addition  
**NAME** D CURTIS SHAUNA  
**STREET ADDRESS** 8600 HIGH SCHOOL ROAD  
**CITY-ST-ZIP** NAVARRE FL 32566**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** ☐ Change ☒ Addition  
**NAME** S AABERG TAMARA  
**STREET ADDRESS** 8600 HIGH SCHOOL ROAD  
**CITY-ST-ZIP** NAVARRE FL 32566**TITLE** ☐ Delete  
**NAME** T MAGNES CHERYL  
**STREET ADDRESS** 7661 MARTHAS WAY  
**CITY-ST-ZIP** NAVARRE FL 32566**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** ☐ Delete  
**NAME** V SHORT ANDREA  
**STREET ADDRESS** 8600 H.S. ROAD  
**CITY-ST-ZIP** NAVARRE FL 32566**TITLE** ☒ Change ☐ Addition  
**NAME** V GRUBBS DAVID  
**STREET ADDRESS** 8600 H.S. ROAD  
**CITY-ST-ZIP** NAVARRE FL 32566**TITLE** ☐ Delete  
**NAME** P DONNIGAN MARGARAT  
**STREET ADDRESS** 8600 H.S. ROAD  
**CITY-ST-ZIP** NAVARRE FL 32566**TITLE** ☒ Change ☐ Addition  
**NAME** P SHORT ANDREA  
**STREET ADDRESS** 8600 H.S. ROAD  
**CITY-ST-ZIP** NAVARRE FL 32566**12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** Cheryl Magnes T 02/21/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)

**MIKE SHORT - D**  
**8600 HIGH SCHOOL ROAD**  
**NAVARRE, FL 32566**