

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Sep 06, 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 P.O. BOX 5264 NAVARRE FL 32566
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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
52-2092285Applied 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 AgentMAGNES CHERYL
7661 MARTHAS WAYNAVARRE FL
32566 US**7. Name and Address of New Registered Agent**Name
NHS BAND BOOSTER INC.
Street Address (P.O. Box Number is Not Acceptable)
8600 HIGH SCHOOL ROADCity
NAVARRE FL Zip Code
32566**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 ANN SIMS****09/06/2001**

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**
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees****Make Check Payable to**
Department of State**10. OFFICERS AND DIRECTORS**

TITLE	S	<input type="checkbox"/> Delete
NAME	AABERG TAMARA	
STREET ADDRESS	8600 HIGH SCHOOL ROAD	
CITY-ST-ZIP	NAVARRE FL 32566	
TITLE	D	<input type="checkbox"/> Delete
NAME	GNOTH COREEN	
STREET ADDRESS	8600 HIGH SCHOOL ROAD	
CITY-ST-ZIP	NAVARRE FL 32566	
TITLE	D	<input type="checkbox"/> Delete
NAME	CURTIS SHAUNA	
STREET ADDRESS	8600 HIGH SCHOOL ROAD	
CITY-ST-ZIP	NAVARRE FL 32566	
TITLE	T	<input type="checkbox"/> Delete
NAME	MAGNES CHERYL	
STREET ADDRESS	7661 MARTHAS WAY	
CITY-ST-ZIP	NAVARRE FL 32566	
TITLE	V	<input type="checkbox"/> Delete
NAME	GRUBBS DAVID	
STREET ADDRESS	8600 H.S. ROAD	
CITY-ST-ZIP	NAVARRE FL 32566	
TITLE	P	<input type="checkbox"/> Delete
NAME	SHORT ANDREA	
STREET ADDRESS	8600 H.S. ROAD	
CITY-ST-ZIP	NAVARRE FL 32566	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAGNES CHERYL	
STREET ADDRESS	8600 HIGH SCHOOL ROAD	
CITY-ST-ZIP	NAVARRE FL 32566	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMS ANN	
STREET ADDRESS	8600 HIGH SCHOOL ROAD	
CITY-ST-ZIP	NAVARRE FL 32566	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEE LES	
STREET ADDRESS	8600 H.S. ROAD	
CITY-ST-ZIP	NAVARRE FL 32566	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRUBBS DAVE	
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**

V

09/06/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)