

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

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90290 009 *****61.25

DOCUMENT # N00000008362

1. Entity Name

GULF MIDDLE SCHOOL BAND BOOSTERS, INC.



Principal Place of Business

**1809 SW 36TH TERRACE
CAPE CORAL FL 33914**

Mailing Address

**1809 SW 36TH TERRACE
CAPE CORAL FL 33914**

11019350



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-1070940**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**SAMPSON, PAMELA
162 SW 53RD TERRACE
CAPE CORAL FL 33914**

7. Name and Address of New Registered Agent

Name **Robert Bravard**

Street Address (P.O. Box Number is Not Acceptable)

130 SW 52ND ST.

Cape Coral FL

City

FL

Zip Code

33914

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

Robert Bravard

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

(NOTE: Registered Agent signature required when reinstating)

4-23-03

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	BRAVARD, BOB	
STREET ADDRESS	130 SW 52ND STREET	
CITY-ST-ZIP	CAPE CORAL FL 33914	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	LOWENDICK, SHARON	
STREET ADDRESS	5503 SW 14TH AVENUE	
CITY-ST-ZIP	CAPE CORAL FL 33914	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	KOVACS, KATHY	
STREET ADDRESS	144 SE 33RD STREET	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	SAMPSON, PAMELA	
STREET ADDRESS	162 SW 53RD TERRACE	
CITY-ST-ZIP	CAPE CORAL FL 33914	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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	T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bravard, Anne	
STREET ADDRESS	130 SW 52ND ST.	
CITY-ST-ZIP	Cape Coral, FL 33914	
TITLE	T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mary Miller	
STREET ADDRESS	2907 SE 5th Ct.	
CITY-ST-ZIP	Cape Coral FL 33904	
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:

Robert Bravard

REQUIRED

4-23-03

239-574-3113

CR2E037 (10/02)