Daytime Phone #

2002 UNIFORM BUSINESS REPORT (UBR)

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FILED Feb 19, 2002 8:00 am DOCUMENT # N01000006282 1. Entity Name Secretary of State NEASE BAND BOOSTERS, INC. 02-19-2002 90015 023 ****61.25 Principal Place of Business Mailing Address 10550 RAY ROAD 10550 RAY ROAD ST AUGUSTINE FL 32095 ST AUGUSTINE FL 32095 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) PERRINE, ROSANNE P 3010 SOUTH THIRD STREET JACKSONVILLE BEACH FL 32250 City 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 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State Ç ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. (9/01)☐ Change Addition TITLE ☐ Delete TITLE PERRINE, GREG NAME NAME 133 MILL COVE LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PONTE VEDRA BEACH FL 32082 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition DORSETT, JERRY NAME NAME 1194 SALT MARSH CIR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PONTE VEDRA BEACH FL 32082 TITLE ☐ Delete TITLE ☐ Change ■ Addition DORSETT, JUANITA E NAME NAME STREET ADDRESS 10550 RAY ROAD STREET ADDRESS CITY-ST-ZIP ST AUGUSTINE FL 32095 CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE Carletta, Maria NAME NAME STREET ADDRESS 100 SEVEN IRON COURT STREET ADDRESS CITY-ST-ZIP PONTE VEDRA BEACH FL 32082 CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition Keys, Leslie NAME 316 CHARLEMAGNE CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PONTE VEDRA BEACH FL 32082 CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby 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 desceute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 10 or Block 11 if