FILED
Aug 19, 2003 8:00 am
Secretary of State
05-02-2003 90132 040 ****61.25

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

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DOCUMENT # N02000001855

1. Entity Name
PORT CHARLOTTE HIGH SCHOOL BAND BOOSTERS, INC.

FE
03-0406114
[redacted]
[redacted]

☑ CHECK HERE IF MAKING CHANGES

Principal Place of Business	Mailing Address
18200 TOLEDO BLADE BLVD. PORT CHARLOTTE FL 33949	P.O. BOX 381257 PORT CHARLOTTE FL 33938

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 030406114 ☐ 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
MOODY, SHERRIE M 18412 MEYER AVENUE PORT CHARLOTTE FL 33948	Name: Amy Jo Yurkovitch Street Address (P.O. Box Number is Not Acceptable): 561 Chamber Street City: Port Charlotte, FL Zip Code: 33948

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: [signature] Amy Jo Yurkovitch Treasurer DATE: Feb 19, 03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P COLE, TAMMY J 137 FLAMINGO BLVD. PORT CHARLOTTE FL 33952 ☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V President PETTY, GLENN B 1198 WINSTON STREET PORT CHARLOTTE FL 33952 ☐ Delete T	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V LOPEZ, JOSE A JR. 7265 PELAS CIRCLE N. FORT MYERS FL 33917 ☐ Delete D	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S MOODY, SHERRIE M 18412 MEYER AVENUE PORT CHARLOTTE FL 33948 ☐ Delete T	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T YURKOVITCH, AMY JO 561 CHAMBERS STREET PORT CHARLOTTE FL 33948 ☐ Delete T	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	John Moody Vice President 15257 Eblis Ave Port Charlotte FL 33948 ☑ Delete T	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (10/02)

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: SIGNATURE REQUIRED Feb 19, 03 (941) 255-7485
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

44. (3199)