

FILED
Apr 21, 2003 8:00 am
Secretary of State
02-17-2003 90177 017 ****61.25

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

2/1
2/

DOCUMENT # N02000006069

1. Entity Name

FREEDOM HIGH SCHOOL BAND BOOSTERS CORPORATION



Principal Place of Business

17410 COMMERCE PARK BOULEVARD
TAMPA FL 33647

Mailing Address

17410 COMMERCE PARK BOULEVARD
TAMPA FL 33647

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

30-0102479

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

FRYE, CHRISTINA MRS.
17410 COMMERCE PARK BOULEVARD
TAMPA FL 33647

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when re-registering)

DATE

2/14/03

FILE NOW: FEE IS \$81.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP

President
Sonny Robetaille
8304 Angler's Pointe Drive
Tampa, FL 33617

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Treasurer
Debbie Cernak
17546 Livingston Ave.
Lutz, FL 33559

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Secretary
Lynn Townsade
18202 30th St.
Lutz, FL 33559

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Director of Bands
Christina Faye
17410 Commerce Park Blvd.
Tampa, FL 33647

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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CITY-ST-ZIP

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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/03 813-558-1185 X276