

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

FILED
Feb 05, 2003 8:00 am
Secretary of State

02-05-2003 90103 016 ****61.25

DOCUMENT # N02000007069

1. Entity Name

NORTHVIEW HIGH SCHOOL BAND BOOSTER CLUB, INC.



Principal Place of Business

**4100 WEST HIGHWAY 4
BRATT FL 32535**

Mailing Address

**4100 WEST HIGHWAY 4
BRATT FL 32535**

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

02-0668405

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BUCK, TOM

**4100 WEST HIGHWAY 4
BRATT FL 32535**

Name

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

City

FL

Zip Code

☐ CHECK HERE IF MAKING CHANGES

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 reinstating)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEVINS, MARCIA 6110 ARBUTUS DRIVE PENSACOLA FL 32504	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS COON, SHEILA PO BOX 22 WALNUT HILL FL 32568	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CARTER, MATT 710 BYRNEVILLE ROAD CENTURY FL 32535	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT NEZOVICH, DONNA 4030 GOBBLER ROAD CENTURY FL 32535	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BLOODSWORTH, SHERRELL 2930 WEST HIGHWAY 4 CENTURY FL 32535	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUCK, TOM 2398 TUTTLE LANE CANTONMENT FL 32533	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Condrey, Susan 7145 Circle Rd. Walnut Hill, FL 32568	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Coon, Sheila P.O. Box 22 Walnut Hill, FL 32568	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Bloodsworth, Sherrell 2930 W. Hwy. 4 Century, FL 32535	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT/DS Garrison, Donna 4580 Whiteash Rd. Molino, FL 32577	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV Moore, Dawn 80 Hwy. 164 McDavid, FL 32568	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Buck, Tom 2398 Tuttle Lane Cantonment, FL 32533	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Sherrell Bloodsworth* **Sherrell Bloodsworth** Jan. 31, 2003 850-337-4628