

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90270 003 ****61.25

DOCUMENT # N03000006501

1. Entity Name

**RIVER RIDGE HIGH SCHOOL BAND & GUARD
BOOSTERS, INC.**



Principal Place of Business

**11646 TOWN CENTER RD
NEW PORT RICHEY FL 34654**

Mailing Address

**PM BOX 190
11410 RIDGE RD
NEW PORT RICHEY FL 34654**

34036698



MOORE CR2E037 (11/03)

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

20-0104271

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**POTARIS, WILLIAM P
10236 TURKEY OAK DR
NEW PORT RICHEY FL 34654**

7. Name and Address of New Registered Agent

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 reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

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 ☐ Delete
NAME **POTARIS, WILLIAM P**
STREET ADDRESS **10236 TURKEY OAK DR**
CITY-ST-ZIP **NEW PORT RICHEY FL 34654**

V ☐ Delete
NAME **DAVIS, DANIEL**
STREET ADDRESS **12140 PENZANCE LANE**
CITY-ST-ZIP **NEW PORT RICHEY FL 34654**

T ☐ Delete
NAME **GAEBE, LESLIE**
STREET ADDRESS **4911 YELLOWSTONE DR**
CITY-ST-ZIP **NEW PORT RICHEY FL 34655**

☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

Director ☐ Change ☒ Addition
NAME **Lesley Lazich**
STREET ADDRESS **7418 Lake Forest Dr**
CITY-ST-ZIP **Port Richey FL 34668**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Lesley Lazich

4/13/04

813 288-4508