

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 09, 2005 08:00 AM
Secretary of State

DOCUMENT # N03000009815

1. Entity Name
UMATILLA BAND BOOSTERS, INC.



Principal Place of Business
305 E. LAKE ST.
UMATILLA, FL 32784

Mailing Address
P. O. BOX 2062
UMATILLA, FL 32784



02032005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
80-0081693

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CAUTHEN, OLDHAM & ASSOCIATES, P.A.
131 W. MAIN ST.
TAVARES, FL 32778

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IN THIS SPACE**

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 fee if applicable.

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

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
DEMBY, SCOTT
38142 HERON DR.
UMATILLA, FL 32784

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
LAWSON, STANLEY
305 E. LAKE ST.
UMATILLA, FL 32784

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
WILLIAMSON, RICHARD
19635 EAGLES VIEW CIR.
UMATILLA, FL 32784

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
WAITE, CHERYL
P. O. BOX 2062
UMATILLA, FL 32784

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000222651
02/10/05-80010-003 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Richard Williamson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #