2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2000 8:00 am
Secretary of State
04-10-2000 90028 032 ****61.25

DOCUMENT # N07658

1. Entity Name

HOMESTEAD SENIOR HIGH SCHOOL BAND PATRONS ASSOC.

Principal Place of Business	Mailing Address
2351 SE 12TH AVE. BAND ROOM HOMESTEAD FL 33034 US	2351 SE 12TH AVE. BAND ROOM HOMESTEAD FL 33034-3511 US

DO NOT WRITE IN THIS SPACE

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 59-2514976 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

~~ANGUIANO, LETICIA~~
~~28801 SW 157TH AVE~~
~~HOMESTEAD FL 33033~~

7. Name and Address of New Registered Agent

Name BARBARA Dodson
Street Address (P.O. Box Number is Not Acceptable) 2351 SE 12 AVE
BAND Room
City HOMESTEAD FL Zip Code 33034

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.

SIGNATURE x Barbara Dodson BARBARA Dodson V-PRESIDENT 4-1-2000
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 Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD KISH, PATRICIA K. 2351 SE 12TH AVE. HOMESTEAD FL 33035	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD DODSON, BARBARA 2351 SE 12TH AVE. HOMESTEAD FL 33035	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD ~~ANGUIANO, LETICIA~~ ~~28801 SW 157TH AVE~~ ~~HOMESTEAD FL~~	☑ Delete	TITLE TD / NAME / STREET ADDRESS / CITY-ST-ZIP	CHERYL KELLY 2351 SE 12 AVE BAND ROOM HOMESTEAD FL 33035	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD BETANCOURT, LIZETTE 2351 SE 12TH AVE. HOMESTEAD FL 33035	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/99)

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: Barbara Dodson BARBARA Dodson 4-1-2000 305-257-2945
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #