

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N07658

1. Entity Name

HOMESTEAD SENIOR HIGH SCHOOL BAND PATRONS ASSOC.

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90112 019 ****61.25

Principal Place of Business 2351 SE 12TH AVE. BAND ROOM HOMESTEAD FL 33034 US	Mailing Address 2351 SE 12TH AVE. BAND ROOM HOMESTEAD FL 33035 US
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip
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DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2514976	Applied For Not Applicable
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6. Name and Address of Current Registered Agent DODSON, BARBARA 2351 SE 12 AVENUE BAND ROOM HOMESTEAD FL 33033	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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

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 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT PHYLLIS RILEY 878 NW 2nd St. FLA CITY, FLA 33035 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DODSON, BARBARA 2351 SE 12TH AVE. HOMESTEAD FL 33035 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KELLY, CHERYL 2351 SE 12 AVENUE BAND ROOM HOMESTEAD FL 33035 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER CARLA DELIFERD 2351 SE 12 AVE HOMESTEAD, FL 33035 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BETANCOURT, LIZETTE 2351 SE 12TH AVE. HOMESTEAD FL 33035 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY MRS. BAUGHNS 2351 SE 12 AVE HOMESTEAD, FL 33032 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 4/12/2001 905-257-2945

0034228

CR2E037 (10/00)