

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

**FILED**  
**May 19, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90296 046 \*\*\*\*61.25

**DOCUMENT # N07658**

1. Entity Name

**BRONCO BAND PATRONS ASSOCIATION, INC.**



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**

**55041675**



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

**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

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 **BARBARA DODSON TREASURER**

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

TITLE **PD** ☒ Delete  
NAME **PHILLIPS, ROY**  
STREET ADDRESS **12725 SW 218 ST**  
CITY-ST-ZIP **MIAMI FL 33120**

TITLE **VD** ☒ Delete  
NAME **MAVIS, LOUELLA**  
STREET ADDRESS **2351 SE 12TH AVE.**  
CITY-ST-ZIP **HOMESTEAD FL 33035**

TITLE **TD** ☒ Delete  
NAME **BEAKE, ROBIN**  
STREET ADDRESS **19265 SW 320 ST**  
CITY-ST-ZIP **HOMESTEAD FL 33030**

TITLE **SD** ☒ Delete  
NAME **PHILLIPS, VIRA**  
STREET ADDRESS **12725 SW 218 ST**  
CITY-ST-ZIP **MIAMI FL 33120**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PRESIDENT** ☐ Change ☐ Addition  
NAME **LINDA BRUHN**  
STREET ADDRESS **24942 SW 129 PLACE**  
CITY-ST-ZIP **HOMESTEAD FLA 33032**

TITLE **VICE PRESIDENT** ☐ Change ☐ Addition  
NAME **MICHAEL HAYES**  
STREET ADDRESS **27256 SW 121 CT.**  
CITY-ST-ZIP **HOMESTEAD FL 33032**

TITLE **TREASURER** ☐ Change ☐ Addition  
NAME **BARBARA DODSON**  
STREET ADDRESS **13100 SW 260 ST.**  
CITY-ST-ZIP **HOMESTEAD FLA 33032**

TITLE **SECRETARY** ☐ Change ☐ Addition  
NAME **CAROL DAWSON**  
STREET ADDRESS **LO NE 9 ST. APT. 105**  
CITY-ST-ZIP **HOMESTEAD, FLA 33032**

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: **Barbara Dodson** **BARBARA DODSON** **4/23/03** **303 2572945**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/02)