

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N16941

1. Entity Name

RANSOM BAND BOOSTERS, INC.

FILED
Sep 06, 2000 8:00 am
Secretary of State

09-06-2000 90098 047 ****61.25

Principal Place of Business

10001 KINGSFIELD RD
 CANTONMENT FL 32533
 US

Mailing Address

PO BOX 777
 CANTONMENT FL 32533
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2962029

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

OZEMBA, KAREN
 516 TURNBERRY ROAD
 CANTONMENT FL 32533

7. Name and Address of New Registered Agent

Name Deborah A. Bremser
 Street Address (P.O. Box Number is Not Acceptable)
2150 W. Kingsfield RD
 City Cantonment FL Zip Code 32533

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

Deborah A. Bremser

8/29/00

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

After September 13, 2000 min. will be \$236.25

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	OZEMBA, KAREN	
STREET ADDRESS	516 TURNBERRY ROAD	
CITY-ST-ZIP	CANTONMENT FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HARRISON, LAVONDA	
STREET ADDRESS	124 SANTA ROSA RD	
CITY-ST-ZIP	CANTONMENT FL 32533	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	WARD, ALICE	
STREET ADDRESS	2524 HWY 297A	
CITY-ST-ZIP	CANTONMENT FL 32533	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bremser, Deborah	
STREET ADDRESS	2150 W. Kingsfield RD	
CITY-ST-ZIP	Cantonment, FL 32533	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gunter, Kathy	
STREET ADDRESS	1711 Blanc Lane. *VOID due to	
CITY-ST-ZIP	Cantonment, FL 32533	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Peacock, Diane	
STREET ADDRESS	2832 Creekwood Drive	
CITY-ST-ZIP	Cantonment, FL 32533	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Williams, Janice K.	
STREET ADDRESS	106 Countri Lane	
CITY-ST-ZIP	Cantonment FL 32533	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gunter Kathy	
STREET ADDRESS	1711 Blanc Lane	
CITY-ST-ZIP	Cantonment FL 32533	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Deborah A. Bremser

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/29/00 850-968-6336

Date

Daytime Phone #

CR2E037 (5/00)