

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2001 8:00 am
Secretary of State

05-18-2001 91220 024 ****61.25

DOCUMENT # N22102

1. Entity Name

ROCKLEDGE HIGH SCHOOL BAND BOOSTERS, INC.

Principal Place of Business

220 RAIDER RD.
P. O. BOX 560092
ROCKLEDGE FL 32956

Mailing Address

220 RAIDER RD.
P. O. BOX 560092
ROCKLEDGE FL 32956

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

59-2368194

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RIFE, NANCY
1415 HAGEN LANE
ROCKLEDGE FL 32955

7. Name and Address of New Registered Agent

Name **Debra Waters**

Street Address (P.O. Box Number is Not Acceptable)
1356 Heritage Acres Blvd.

Rockledge

City

FL

Zip Code

32955

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

Debra Waters, Debra Waters Treasurer, Director

4/26/01

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

TITLE **PD** ☒ Delete
NAME **GROSSMAN, PAUL**
STREET ADDRESS **1023 PELICAN LANE**
CITY-ST-ZIP **ROCKLEDGE FL**

TITLE **VP** ☐ Delete
NAME **BRIGGS, MIKE**
STREET ADDRESS **6987 BLACKBERRY CT**
CITY-ST-ZIP **VIERA FL 32940**

TITLE **DT** ☒ Delete
NAME **RIFE, NANCY**
STREET ADDRESS **1415 HAGEN LANE**
CITY-ST-ZIP **ROCKLEDGE FL**

TITLE **SD** ☒ Delete
NAME **WATERS, DEBORAH**
STREET ADDRESS **6561 FAWN RIDGE DR**
CITY-ST-ZIP **MELBOURNE FL 32940**

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 **PD** ☐ Change ☒ Addition
NAME **Linda Diane Hall**
STREET ADDRESS **984 Nagle Drive**
CITY-ST-ZIP **Rockledge, FL 32955**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SP** ☐ Change ☒ Addition
NAME **Cindy moist**
STREET ADDRESS **1031 Sycamore Drive**
CITY-ST-ZIP **Rockledge, FL 32955**

TITLE **OT** ☒ Change ☐ Addition
NAME **Debra Waters**
STREET ADDRESS **1356 Heritage Acres Blvd**
CITY-ST-ZIP **Rockledge FL 32955**

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:

Debra Waters

5-1-01

CR2E037 (10/00)