

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

9/10/2003-90052-013-\$61.25-\$61.25

DOCUMENT # N22102

1. Entity Name

ROCKLEDGE HIGH SCHOOL BAND BOOSTERS, INC.



03 OCT -6 PM 2:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

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

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

7. Name and Address of New Registered Agent

GOLDEN, CINDY  
1119 HERMOSA DRIVE  
ROCKLEDGE FL 32955

Name THOMAS ROUSSEAU  
Street Address (P.O. Box Number is Not Acceptable)  
874 BARTEL CT  
City Rockledge 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Thomas Rousseau Thomas J. Rousseau President 09/21/03  
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 10, 2003, min will be \$236.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
P	GOLDEN, CINDY	1119 HERMOSA DRIVE	ROCKLEDGE FL 32955	
OV	THOMAS, REGINA	3890 LA FLOR DRIVE	ROCKLEDGE FL 32955	<input type="checkbox"/> Delete
DT	MOLIGNARO, ROBERTA	893 LEVITT PKWY	ROCKLEDGE FL 32955	<input type="checkbox"/> Delete
SD	WATTS, VALERIE	728 WHITE PINE AVE	ROCKLEDGE FL 32955	<input checked="" type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
President	Thomas Rousseau	874 Bartel Ct.	Rockledge FL 32955	
VICE PRESIDENT (D)	THOMAS, REGINA	3890 LA FLOR DRIVE	Rockledge FL 32955	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TREASURER (D)	MOLIGNARO, ROBERTA	893 LEVITT PARKWAY	Rockledge FL 32955	<input type="checkbox"/> Change <input type="checkbox"/> Addition
SECRETARY (D)	WALSH, JD	1358 AUBURN LAKES DR	VIERA FL 32955	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<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: Thomas J. Rousseau **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/30/03

Date

632-1263

Daytime Phone #

CR2E037 (4/03)