

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N23070

1. Entity Name

BEARCAT BAND BOOSTERS, INC.

Principal Place of Business

PO BOX 2204
CRYSTAL RIVER FL 34423
US

Mailing Address

PO BOX 2204
CRYSTAL RIVER FL 34423-2204
US

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

31-1513085

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SCHLUMBERGER, MARY C
720 N DOVE PT
CRYSTAL RIVER FL 34429

7. Name and Address of New Registered Agent

Name: Branson, Wanda L.

Street Address (P.O. Box Number is Not Acceptable)
4411 W. Menasha St.

Lecanto, FL

City

FL

Zip Code

34461

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

Wanda L. Branson

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/14/00

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
NAME HARLESS, JOYCE ☐ Delete
STREET ADDRESS 8410 N PINE HAVEN PT
CITY-ST-ZIP CRYSTAL RIVER FL 34428

TITLE VPD
NAME CLARK, RANDY ☐ Delete
STREET ADDRESS 319 VENTURA AVE
CITY-ST-ZIP CRYSTAL RIVER FL 34429

TITLE SD
NAME CLARK, KATHY ☐ Delete
STREET ADDRESS 319 VENTURA AVE
CITY-ST-ZIP CRYSTAL RIVER FL 34429

TITLE TD
NAME SCHLUMBERGER, MARY C ☒ Delete
STREET ADDRESS 720 N DOVE PT
CITY-ST-ZIP CRYSTAL RIVER FL 34429

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 TD
NAME Branson, Wanda L. ☒ Change ☐ Addition
STREET ADDRESS 4411 W. Menasha St.
CITY-ST-ZIP Lecanto, FL 34461

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

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

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

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:

Wanda L. Branson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/14/00

Daytime Phone #

352-746-5824

CR2E037 (9/99)

FILED
Feb 20, 2000 8:00 am
Secretary of State

02-20-2000 90045 028 ****61.25



DO NOT WRITE IN THIS SPACE