

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 01, 2001 8:00 am**  
**Secretary of State**

02-01-2001 90055 001 \*\*\*\*61.25

**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  
 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

**BRANSON, WANDA L**  
**4911 W MENASHA ST**  
**LECANTO FL 34461**

7. Name and Address of New Registered Agent

Name

**Patrick Peterson**

Street Address (P.O. Box Number is Not Acceptable)

**116 Pine Street**

City

**HOMOSASSA**

FL

Zip Code

**34446**

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

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

**Patrick Peterson, Treasurer**

(NOTE: Registered Agent signature required when reinstating)

**1-26-01**

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 BRANSON, WANDA L ☒ Delete  
 STREET ADDRESS 4911 W MEASHA ST  
 CITY-ST-ZIP LECANTO FL 34461

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 MARCIE Peterson  
 STREET ADDRESS 116 Pine Street  
 CITY-ST-ZIP HOMOSASSA, FL 34446

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

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

TITLE TD ☐ Change ☒ Addition  
 NAME Patrick Peterson  
 STREET ADDRESS 116 Pine Street  
 CITY-ST-ZIP HOMOSASSA, FL 34446

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Patrick Peterson**

**1-26-01**

Date

**(352) 382-0342**

Daytime Phone #

CR2E037 (10/00)