

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

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90121 009 ****61.25

DOCUMENT # N25279

1. Entity Name

LAKE GIBSON HIGH SCHOOL BAND BOOSTERS ASSOCIATION, INC.



Principal Place of Business

**7007 N SOCRUM LOOP RD.
LAKELAND FL 33809-2280**

Mailing Address

**7007 N SOCRUM LOOP RD.
LAKELAND FL 33809-2280**

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 **59-2881239**

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

**GILCHREST, RALPH A. I
190 CLUBHOUSE RD.
7007 N SOCRUM LOOP ROAD
LAKELAND FL 33813**

Name

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

City

FL

Zip Code

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

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

Ralph A. Gilchrest III

1/13/03

(NOTE: Registered Agent signature required when reinstating)

Principal

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Delete
NAME **STAFFORD, MICHAEL**
STREET ADDRESS **8229 TIMBERBRIDGE CT**
CITY-ST-ZIP **LAKELAND FL 33809**

TITLE **PD** ☒ Change ☐ Addition
NAME **Fox, Brad**
STREET ADDRESS **5712 Lake Breeze Avenue**
CITY-ST-ZIP **Lakeland, FL 33809**

TITLE **VPD** ☐ Delete
NAME **HALL, PAT**
STREET ADDRESS **7848 FOX SQUIRRELL CIRCLE**
CITY-ST-ZIP **LAKELAND FL 33809**

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

TITLE **VPD** ☒ Delete
NAME **MUELLER, LEE**
STREET ADDRESS **130 TRACY WAY**
CITY-ST-ZIP **LAKELAND FL 33809**

TITLE **VPD** ☒ Change ☐ Addition
NAME **Vivi, Catherine**
STREET ADDRESS **2440 Delrose Drive West**
CITY-ST-ZIP **Lakeland, FL 33805**

TITLE **VPD** ☒ Delete
NAME **STAFFORD, ROSITA**
STREET ADDRESS **8229 TIMBERIDGE CRT**
CITY-ST-ZIP **LAKELAND FL 33809**

TITLE **VPD** ☒ Change ☐ Addition
NAME **Runyon, Ellen**
STREET ADDRESS **5706 Southview Drive**
CITY-ST-ZIP **Lakeland, FL 33805**

TITLE **S** ☒ Delete
NAME **HAWTHORNE, SUE**
STREET ADDRESS **5726**
CITY-ST-ZIP **LAKELAND FL 33809**

TITLE **S** ☒ Change ☐ Addition
NAME **Mueller, Lee**
STREET ADDRESS **130 Tracy Way**
CITY-ST-ZIP **Lakeland, FL 33809**

TITLE **T** ☒ Delete
NAME **WRIGHT, AMY**
STREET ADDRESS **435 ED PADGETT ROAD**
CITY-ST-ZIP **LAKELAND FL 33809**

TITLE **T** ☒ Change ☐ Addition
NAME **Fox, Ann**
STREET ADDRESS **5712 Lake Breeze Avenue**
CITY-ST-ZIP **Lakeland, FL 33805**

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 REQUIRED

Brad Fox

1/13/03

863-682-6957

CR2E037 (10/02)