

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N25737

1. Entity Name

THE MARCHING WOLVERINE BAND PARENT AND BOOSTER A

FILED
Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90202 022 ****70.00

Principal Place of Business
RECREATIONAL & NORTHEAST CULTURAL CENTER
801 AVENUE T NE
WINTER HAVEN FL 33881
US

Mailing Address
RECREATIONAL & NORTHEAST CULTURAL CENTER
801 AVENUE T NE
WINTER HAVEN FL 33881-1762
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

NOT APPLICABLE

☒ 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

WILLIAMS, THEODORE JR
3378 AVE. R. N.W.
WINTER HAVEN FL 33881

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.

SIGNATURE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JAMES, KENNETH 1315 10TH STREET NE WINTER HAVEN FL 33881	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLOYD, DENZELL 2447 MARY B. JEWETT CIRCLE WINTER HAVEN FL 33881	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JONES, GLENDA 1817 2ND STREET NW WINTER HAVEN FL 33881	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMPSON, GERRI I 556 AVE. T N.E. WINTER HAVEN FL 33881	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WILLIAMS, THEODORE JR 3378 AVE R NW WINTER HAVEN FL 33881	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WILLIAMS, AUDRIE 2107 9TH STREET N.E. WINTER HAVEN FL 33881	☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Colston, Linda 2609 Adamson Ct. Polk City, FL 33868	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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:

Signature of Theodore Williams Jr
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)