2/12 2/

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Apr 25, 2001 8:00 am**
**Secretary of State**
02-12-2001 90008 002 ****61.25

DOCUMENT # N25737

1. Entity Name

THE MARCHING WOLVERINE BAND PARENT AND BOOSTER A

| Principal Place of Business | Mailing Address |
|---|---|
| RECREATIONAL & NORTHEAST CULTURAL CENTER<br>801 AVENUE T NE<br>WINTER HAVEN FL 33881<br>US | ~~RECREATIONAL & NORTHEAST CULTURAL CENTER~~<br>~~801 AVENUE T NE~~<br>~~WINTER HAVEN FL 33881~~<br>~~US~~ |

[redacted]

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| | 2107 9th St. N.E. |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State: Winter Haven, FL |
| Zip / Country | Zip: 33881-1775 / Country: US |

4. FEI Number: APPLIED FOR ☐ 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<br>3378 AVE. R. N.W.<br>WINTER HAVEN FL 33881 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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<br>JAMES, KENNETH<br>1315 10TH STREET NE<br>WINTER HAVEN FL 33881 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>Colston, Linda<br>2609 Adamson Ct.<br>Polk City, FL 33868 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>FLOYD, DENZELL<br>2447 MARY B. JEWETT CIRCLE<br>WINTER HAVEN FL 33881 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>JONES, GLENDA<br>1817 2ND STREET NW<br>WINTER HAVEN FL 33881 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>THOMPSON, GERRI I<br>556 AVE. T N.E.<br>WINTER HAVEN FL 33881 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>WILLIAMS, THEODORE JR<br>3378 AVE R NW<br>WINTER HAVEN FL 33881 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>WILLIAMS, AUDRIE<br>2107 9TH STREET N.E.<br>WINTER HAVEN FL 33881 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

CR2E037 (10/00)

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:** Theodore Williams Jr. Theodore Williams, Jr. 2-6-01 (863) 967-2844
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

[redacted]

attachment
#N25737

$[redacted]

39829

CUSTOMER'S RECEIPT DO NOT SEND THIS RECEIPT FOR PAYMENT
KEEP IT FOR YOUR RECORDS

[redacted]

83533163934 00012 4 338804 **70*00

SERIAL NUMBER | YEAR, MONTH, DAY | POST OFFICE | U.S. DOLLARS AND CENTS

PAY TO: Department of State
ADDRESS: PO Box 1500
Tallahassee FL 32302-1500

CHECKWRITER / IMPRINT AREA

FROM: [redacted]
ADDRESS: [redacted]

COD No. OR USED FOR: Winter Haven FL 33881

This receipt is your statement for a refund of your money order if it is lost or stolen, provided you fill in the Pay To and From information on the money order in the space provided. No claim for improper payment permitted 2 years after payment. If your money order is lost or stolen, present this receipt and file a claim for a refund at your Post Office.

An Inquiry Form 6401 may be filed at any time for a fee. A replacement will not be issued until 60 days after the money order purchase date, provided the money order has not been paid.

Attachment

Form **SS-4**

(Rev. April 2000)

Department of the Treasury
Internal Revenue Service

# Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

► Keep a copy for your records.

V25737

EIN 39829

OMB No. 1545-0003

Please type or print clearly.

1 Name of applicant (legal name) (see instructions)
The Marching Wolverine Band Parent and Booster Association

2 Trade name of business (if different from name on line 1)
Same.

3 Executor, trustee, "care of" name
Theodore Williams, Jr. & Hudrie L. Williams

4a Mailing address (street address) (room, apt., or suite no.)
3107 9th St. N.E.

5a Business address (if different from address on lines 4a and 4b)
N/A

4b City, state, and ZIP code
Winter Haven, FL 33881-1775

5b City, state, and ZIP code
N/A

6 County and state where principal business is located
Polk County, Florida

7 Name of principal officer, general partner, grantor, owner, or trustor—SSN or ITIN may be required (see instructions) ►
Theodore Williams, Jr. - President

8a Type of entity (Check only one box.) (see instructions)

**Caution:** *If applicant is a limited liability company, see the instructions for line 8a.*

- ☐ Sole proprietor (SSN) ___
- ☐ Partnership
- ☐ REMIC
- ☐ State/local government
- ☐ Church or church-controlled organization
- ☑ Other nonprofit organization (specify) ► Band/Booster Association
- ☐ Other (specify) ►
- ☐ Personal service corp.
- ☐ National Guard
- ☐ Farmers' cooperative
- ☐ Estate (SSN of decedent) ___
- ☐ Plan administrator (SSN) ___
- ☐ Other corporation (specify) ►
- ☐ Trust
- ☐ Federal government/military

(enter GEN if applicable)

8b If a corporation, name the state or foreign country (if applicable) where incorporated | State | Foreign country

9 Reason for applying (Check only one box.) (see instructions)

- ☐ Started new business (specify type) ►
- ☐ Hired employees (Check the box and see line 12.)
- ☐ Created a pension plan (specify type) ►
- ☐ Banking purpose (specify purpose) ►
- ☐ Changed type of organization (specify new type) ►
- ☐ Purchased going business
- ☐ Created a trust (specify type) ►
- ☑ Other (specify) ► Told we needed one

10 Date business started or acquired (month, day, year) (see instructions)
April 4, 1988

11 Closing month of accounting year (see instructions)

12 First date wages or annuities were paid or will be paid (month, day, year). **Note:** *If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year)* ►

13 Highest number of employees expected in the next 12 months. **Note:** *If the applicant does not expect to have any employees during the period, enter -0-. (see instructions)* ►

| Nonagricultural | Agricultural | Household |
|---|---|---|
| 0 | 0 | 0 |

14 Principal activity (see instructions) ►

15 Is the principal business activity manufacturing? ☐ Yes ☑ No
If "Yes," principal product and raw material used ►

16 To whom are most of the products or services sold? Please check one box.
☐ Business (wholesale) ☐ Public (retail) ☐ Other (specify) ► ☑ N/A

17a Has the applicant ever applied for an employer identification number for this or any other business? ☐ Yes ☑ No
**Note:** *If "Yes," please complete lines 17b and 17c.*

17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.
Legal name ► Trade name ►

17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.
Approximate date when filed (mo., day, year) | City and state where filed | Previous EIN

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Business telephone number (include area code)
(863) 293-9561
Fax telephone number (include area code)
( )

Name and title (Please type or print clearly.) ► Theodore Williams, Jr. - President

Signature ► Theodore Williams

Date ► 4-16-01

**Note:** *Do not write below this line. For official use only.*

| Please leave blank ► | Geo. | Ind. | Class | Size | Reason for applying |
|---|---|---|---|---|---|
| | | | | | |