

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N27654

1. Entity Name

MARINER HIGH SCHOOL BAND BOOSTERS, INC.

Principal Place of Business

PO BOX 151042
CAPE CORAL FL 33915
US

Mailing Address

PO BOX 151042
CAPE CORAL FL 33915-1042
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

59-0155622

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

BULL, GARY
2516 SW 51ST ST
CAPE CORAL FL 33914

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 PD
NAME LUNG-AULEA, ☐ Delete
STREET ADDRESS 404 SW 39TH ST
CITY-ST-ZIP CAPE CORAL FL 33914

TITLE PD
NAME LOWENDICK, SHARON ☒ Change ☐ Addition
STREET ADDRESS 1505 W. EL DORADO PKWY
CITY-ST-ZIP CAPE CORAL, FL 33914

TITLE VPD
NAME KEMERY, EILEEN ☐ Delete
STREET ADDRESS 419 SW 33RD ST
CITY-ST-ZIP CAPE CORAL FL 33914

TITLE VPD
NAME SCHENK, DANIEL ☒ Change ☐ Addition
STREET ADDRESS 2727 NE 4TH PL
CITY-ST-ZIP CAPE CORAL, FL 33909

TITLE SD
NAME GEPHART, KAREN ☐ Delete
STREET ADDRESS 503 SE 12TH CT
CITY-ST-ZIP CAPE CORAL FL 33990

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

TITLE TD
NAME BULL, GARY R ☐ Delete
STREET ADDRESS 2516 SW 51ST ST
CITY-ST-ZIP CAPE CORAL FL 33914

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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:

GARY R BULL
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/00
Date

941/334-0046
Daytime Phone #

FILED
Apr 14, 2000 8:00 am
Secretary of State

04-14-2000 90021 040 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)