

4/9/

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

04-09-2001 90007 037 ****61.25

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
 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

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

7. Name and Address of New Registered Agent

Name **BARNES, AMY**

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

12591 COUNTRY EAGLE LANECity **CAPE CORAL**

FL

Zip Code **33909**

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

TITLE	SD	☒ Delete
NAME	GEPHART, KAREN	
STREET ADDRESS	503 SE 12TH CT	
CITY-ST-ZIP	CAPE CORAL FL 33990	
TITLE	TD	☒ Delete
NAME	BULL, GARY R	
STREET ADDRESS	2516 SW 51ST ST	
CITY-ST-ZIP	CAPE CORAL FL 33914	
TITLE	PD	☒ Delete
NAME	LOWENDICK, SHARON	
STREET ADDRESS	1505 W EL DORADO PKWY	
CITY-ST-ZIP	CAPE CORAL FL 33914	
TITLE	VPD	☒ Delete
NAME	SCHENK, DANIEL	
STREET ADDRESS	2727 NE 4TH PL	
CITY-ST-ZIP	CAPE CORAL FL 33909	
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	BARNES, AMY	
STREET ADDRESS	12591 COUNTRY EAGLE LANE	
CITY-ST-ZIP	CAPE CORAL FL 33909	
TITLE	VPD	☐ Change ☒ Addition
NAME	WOLVIN, LAURIE	
STREET ADDRESS	5213 SW 9TH PLACE	
CITY-ST-ZIP	CAPE CORAL FL 33990	
TITLE	SD	☐ Change ☒ Addition
NAME	WISE, KATHY	
STREET ADDRESS	701 CHIQUITA BLVD N	
CITY-ST-ZIP	CAPE CORAL FL 33993	
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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)