

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Sep 12, 2001 08:00 AM**
Secretary of State**DOCUMENT # N29662****1. Entity Name**
BOCA CIEGA HIGH SCHOOL BAND BOOSTERS, INC.**Principal Place of Business**
924 58TH STREET S.
GULFPORT FL 33707
US**Mailing Address**
2689 YORK ST N
ST. PETERSBURG FL 33710
US**2. Principal Place of Business**
924 - 58TH STREET S.**3. Mailing Address**
924 - 58TH STREET S.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
GULFPORT FL**City & State**
ST. PETERSBURG FL**4. FEI Number**
59-2923959**Applied For**
Not Applicable**Zip**
33707
Country
US**Zip**
33707
Country
US**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**MUSSEY GAIL BYERS
2689 YORK ST N
ST. PETERSBURG FL 33710
US**Name**
PAGAC BENITA
Street Address (P.O. Box Number is Not Acceptable)
6636 POINSETTIA AVE. S.
City
ST. PETERSBURG FL **Zip Code**
33707**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 BENITA PAGAC****09/12/2001**

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

(NOTE: Registered Agent signature required when reinstalling)

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	<input type="checkbox"/> Delete
	D	MOGIL DEBORAH	2700 60 STREET NORTH SAINT PETERSBURG FL 33710	<input type="checkbox"/> Delete
	SD	COOK BETSY	5950 4TH AVENUE SOUTH SAINT PETERSBURG FL 33707	<input type="checkbox"/> Delete
	TD	MUSSEY GAIL BYERS	2689 YORK ST N ST PETERSBURG FL 33710	<input type="checkbox"/> Delete
	PD	HARTMANN-MCENEGART SHERYL	5501 5TH AVE N SAINT PETERSBURG FL 33710	<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
D	HARTMANN-MCENEGART SHERYL	5501 - 5TH AVENUE N ST. PETERSBURG FL 33710		<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
VPD	GIBSON DIANE	220 - 62ND STREET N SAINT PETERSBURG FL 33710		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
SD	GILLINGHAM DAWN	6700 - 2ND AVENUE N SAINT PETERSBURG FL 33710		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
TD	PAGAC BENITA	6636 POINSETTIA AVENUE S ST PETERSBURG FL 33707		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
PD	MURPHY CHERYL	5733 BAYOU GRANDE BLVD NE SAINT PETERSBURG FL 33703		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**

BENITA PAGAC

TD

09/12/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)