

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N30403

1. Entity Name

TAVARES BAND BOOSTERS, INC.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90005 021 ****61.25

Principal Place of Business

Mailing Address

% BAND DIRECTOR
 603 N NEW HAMPSHIRE AVE
 TAVARES FL 32778

% BAND DIRECTOR
 P.O. BOX 1363
 TAVARES FL 32778-1363
 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

65-0101585

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BUSKIRK, RONALD K
 35023 SILVER OAK DR
 LEESBURG FL 34788

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 ☐ Delete
 NAME BUSKIRK, RONALD S
 STREET ADDRESS 35023 SILVER OAK DR
 CITY-ST-ZIP LEESBURG FL

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

TITLE VPD ☐ Delete
 NAME MENDRE, LINDA
 STREET ADDRESS 353 BAY RD
 CITY-ST-ZIP MT DORA FL

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

TITLE SD ☐ Delete
 NAME CATES, TONI
 STREET ADDRESS 565 POMELO AVE
 CITY-ST-ZIP TAVARES FL

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

TITLE T ☐ Delete
 NAME WILLIAMS, KATHY
 STREET ADDRESS 1102 WILLIOW CT
 CITY-ST-ZIP TAVARES FL

TITLE ☐ Change ☐ Addition
 NAME SANDRA S. KENNY - TO
 STREET ADDRESS 10832 ST. FLORIAN LN
 CITY-ST-ZIP HOWEY-IN-THE-HILLS, FL 34737

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-00

407-877-3636

Date

Daytime Phone #

CR2E037 (9/99)