

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2002 8:00 am
Secretary of State
 05-09-2002 90067 001 ****61.25

DOCUMENT # N30403

1. Entity Name

TAVARES BAND BOOSTERS, INC.

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
 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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KENNY, SANDRA S
 10832 ST FLORIAN LANE
 HOWEY IN THE HILLS FL 34737

Name

STRICKLAND, GLENN

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

10844 ANNA BELLE AVE

City

LEESBURG

FL

Zip Code

34788

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

TITLE VPD
 NAME HOAG, KURT ☐ Change ☒ Addition
 STREET ADDRESS 31226 COVE RD.
 CITY-ST-ZIP TAVARES, FL 32778

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

TITLE SD
 NAME LUPTON, AMY ☐ Change ☒ Addition
 STREET ADDRESS 1616 N. NEW HAMPSH
 CITY-ST-ZIP TAVARES, FL 32778

TITLE TD
 NAME KENNY, SANDRA S ☒ Delete
 STREET ADDRESS 10832 ST. FLORIAN LN
 CITY-ST-ZIP HOWEY IN THE HILLS FL 34737

TITLE TD
 NAME MINKOFF, BARBRA ☐ Change ☒ Addition
 STREET ADDRESS 1796 VIRGINIA CT.
 CITY-ST-ZIP TAVARES, FL-32778

TITLE PD
 NAME MINKOFF, SANDFORD ☒ Delete
 STREET ADDRESS 1796 VIRGINIA COURT
 CITY-ST-ZIP TAVARES FL 32778

TITLE PD
 NAME STRICKLAND, GLENN ☐ Change ☒ Addition
 STREET ADDRESS 10844 ANNA BELLE AVE
 CITY-ST-ZIP LEESBURG, FL 34788

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-8-02 742-0368

Date

Daytime Phone #

CR2E037 (9/01)