2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 18, 2002 8:00 AM
Secretary of State

DOCUMENT# N30697

Entity Name: OVIEDO HIGH SCHOOL BAND BOOSTER ASSOCIATION, INC.

Current Principal Place of Business:

OVIEDO HIGH SCHOOL
601 KING ST
OVIEDO, FL 32765 US

New Principal Place of Business:

Current Mailing Address:

C/O GENTRY, STEVEN
P.O. BOX 621600
OVIEDO, FL 32765 US

New Mailing Address:

C/O MORSE, DOUG
P.O. BOX 621600
OVIEDO, FL 32765 US

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DUNLAP, ANN L
601 RING STREET
GENEVA, FL 32732 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: DUNLAP, ANNE L
Address: 1530 DUSTY TRAIL
City-St-Zip: GENEVA, FL 32732

Title: DV ( ) Delete
Name: MCKERCHER, MARLYS
Address: 755 CHAPMAN RD
City-St-Zip: OVIEDO, FL 32765

Title: S ( ) Delete
Name: SWITCH, ELIZABETH
Address: 1032 BIG OAKS BLVD
City-St-Zip: OVEIDO, FL 32765

Title: T ( ) Delete
Name: LACLAIR, DEBORAH
Address: 485 MOFFATT LOOP
City-St-Zip: OVIEDO, FL 32765

Title: D ( ) Delete
Name: SCHWARTZ, JONATHAN
Address: 601 KING STREET
City-St-Zip: OVIEDO, FL 32765

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: MORSE, DOUG
Address: 318 LAKEPARK TRAIL
City-St-Zip: OVIEDO, FL 32765

Title: DV (X) Change ( ) Addition
Name: LOUPE, GLEN
Address: 2844 BROWARD CT
City-St-Zip: OVIEDO, FL 32765

Title: S (X) Change ( ) Addition
Name: MANDEVILLE, CHRISTINE
Address: 747 ARTESIA ST
City-St-Zip: OVEIDO, FL 32765

Title: T (X) Change ( ) Addition
Name: BURRUS, RENEE
Address: 1036 W. RIVIERA BLVD
City-St-Zip: OVIEDO, FL 32765

Title: D (X) Change ( ) Addition
Name: LINE, DENNIS
Address: 601 KING STREET
City-St-Zip: OVIEDO, FL 32765

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DOUG MORSE P 06/18/2002

Electronic Signature of Signing Officer or Director — Date