

# 2001 UNIFORM BUSINESS REPORT (UBR)

4/1

**FILED**  
**May 22, 2001 8:00 am**  
**Secretary of State**

04-19-2001 90072 036 \*\*\*\*61.25

**DOCUMENT # N32401**

1. Entity Name

**TITUSVILLE HIGH SCHOOL INSTRUMENTAL MUSIC BOOSTER**

Principal Place of Business

TITUSVILLE HIGH SCHOOL (ATTN: IB-MB)  
 150 SOUTH TERRIER TRAIL  
 TITUSVILLE FL 32783-2300  
 US

Mailing Address

THS INSTRUMENTAL MUSIC BOOSTERS  
 P.O. BOX 2125  
 TITUSVILLE FL 32780  
 US

40638



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2954792

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CARVER, LORI  
 4950 GREENHILL  
 COCOA FL 32927

Name Beth Delgado

Street Address (P.O. Box Number is Not Acceptable)  
3605 Hickory Park Dr

City Titusville

FL

Zip Code 32780

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

Beth Delgado

(NOTE: Registered Agent signature required when reinstating)

4/10/01

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	<input checked="" type="checkbox"/> Delete
NAME	CARVER, LORI	
STREET ADDRESS	4950 GREENHILL	
CITY-ST-ZIP	COCOA FL 32927	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	GRAY, ANN	
STREET ADDRESS	7148 CARILLON AVENUE	
CITY-ST-ZIP	COCOA FL 32927	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	MOREHEAD, SANDY	
STREET ADDRESS	6635 GRISSON PKWY	
CITY-ST-ZIP	COCOA FL 32927	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	JENKINS, LANODA	
STREET ADDRESS	6333 HUDSON RD	
CITY-ST-ZIP	COCOA FL 32927	
TITLE	CT	<input checked="" type="checkbox"/> Delete
NAME	ROMEO, SUZANNE	
STREET ADDRESS	4640 CURTIS BLVD	
CITY-ST-ZIP	COCOA FL 32927	
TITLE	S	<input type="checkbox"/> Delete
NAME	GILMORE, SUE	
STREET ADDRESS	4805 ANCONA RD	
CITY-ST-ZIP	COCOA FL 32927	

TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mayer Cindy	
STREET ADDRESS	2980 Kelly St.	
CITY-ST-ZIP	Titusville, FL 32780	
TITLE	Sheila King Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS	3730 Oakhill Dr.	
CITY-ST-ZIP	Titusville, FL 32780	
TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Beth Delgado	
STREET ADDRESS	3605 Hickory Park Dr.	
CITY-ST-ZIP	Titusville, FL 32780	
TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Linda Ball	
STREET ADDRESS	2400 Kersey Ct.	
CITY-ST-ZIP	Titusville, FL 32780	
TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lesz Krzywicki	
STREET ADDRESS	2160 Columbia Blvd	
CITY-ST-ZIP	Titusville, FL 32780	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Beth Delgado  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/01

Date

(321) 385-9990

Daytime Phone #

CR2E037 (10/00)