

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

May 08, 2002 8:00 am
Secretary of State

05-08-2002 90103 009 ****61.25

DOCUMENT # N32401

1. Entity Name

TITUSVILLE HIGH SCHOOL INSTRUMENTAL MUSIC BOOSTERS, INC.

Principal Place of Business

Mailing Address

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

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



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

Name

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

City

FL

Zip Code

**DELGADO, BETH
3665 HICKORY PARK DRIVE
TITUSVILLE FL 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

(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 **P** ☒ Delete
NAME **MAYER, CINDY**
STREET ADDRESS **2980 KELLY ST**
CITY-ST-ZIP **TITUSVILLE FL 32780**

TITLE **P** ☒ Change ☐ Addition
NAME **Sue Gilmore**
STREET ADDRESS **4805 Ancona Rd**
CITY-ST-ZIP **Cocoa, FL 32927**

TITLE **VP** ☒ Delete
NAME **KING, SHEILA**
STREET ADDRESS **3730 OAKHILL DRIVE**
CITY-ST-ZIP **TITUSVILLE FL 32780**

TITLE **DV** ☐ Change ☒ Addition
NAME **Mary Moinette**
STREET ADDRESS **1475 Barna Ave**
CITY-ST-ZIP **Titusville, FL 32780**

TITLE **DT** ☐ Delete
NAME **DELGADO, BETH**
STREET ADDRESS **3665 HICKORY PARK DRIVE**
CITY-ST-ZIP **TITUSVILLE FL 32780**

TITLE **S** ☐ Change ☒ Addition
NAME **Maria Stahl**
STREET ADDRESS **6839 Ackerman Ave**
CITY-ST-ZIP **Cocoa, FL 32927**

TITLE **DV** ☐ Delete
NAME **BALL, LINDA**
STREET ADDRESS **2400 KEISER CT**
CITY-ST-ZIP **TITUSVILLE FL 32780**

TITLE **VT** ☐ Change ☒ Addition
NAME **Teri Brezski**
STREET ADDRESS **4171 Hemlock Lane**
CITY-ST-ZIP **Titusville, FL 32780**

TITLE **DV** ☒ Delete
NAME **KRZYWICKI, LESA**
STREET ADDRESS **2160 COLUMBIA BLVD.**
CITY-ST-ZIP **TITUSVILLE FL 32780**

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

TITLE **S** ☒ Delete
NAME **GILMORE, SUE**
STREET ADDRESS **4805 ANCONA RD**
CITY-ST-ZIP **COCOA FL 32927**

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:

Beth Delgado

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)