

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90360 043 ****70.00

DOCUMENT # N33938

1. Entity Name

PLANT CITY HIGH SCHOOL BAND PARENTS ASSOCIATION

Principal Place of Business

Mailing Address

1 RAIDER PLACE
 PLANT CITY FL 33566

P.O BOX 1957
 PLANT CITY FL 33564-1957
 US

737372



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

NOT APPLICABLE

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

HORN, SHARON S
2803 N WALLACE BRANCH RD
PLANT CITY FL 33565

Name

BULLINGTON, GENE

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

4823 MILEY ROAD

City

PLANT CITY

FL

Zip Code

33565

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

Gene Bullington President

DATE

4/26/00

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 **VD** ☒ Delete
 NAME **GRIFFIN, ART**
 STREET ADDRESS **3207 HAWTHORNE CT**
 CITY-ST-ZIP **PLANT CITY FL 33565**

TITLE **VD** ☒ Change ☐ Addition
 NAME **NOLL, JANE A.**
 STREET ADDRESS **3217 STEVENSON CT.**
 CITY-ST-ZIP **PLANT CITY, FL 33567**

TITLE **SD** ☒ Delete
 NAME **DOAK, MARGARET A**
 STREET ADDRESS **816 BISHOP PLACE**
 CITY-ST-ZIP **SEFFNER FL**

TITLE **SD** ☒ Change ☐ Addition
 NAME **MCDONALD, DIANE**
 STREET ADDRESS **5105 MOLL ACRES DRIVE**
 CITY-ST-ZIP **PLANT CITY, FL 33567**

TITLE **VD** ☐ Delete
 NAME **MILLER, GLENN**
 STREET ADDRESS **2909 WILDER PARK DR**
 CITY-ST-ZIP **PLANT CITY FL 33566**

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

TITLE **TD** ☒ Delete
 NAME **DEAGAN, WILLIAM**
 STREET ADDRESS **721 PINEDALE DR**
 CITY-ST-ZIP **PLANT CITY FL**

TITLE **TD** ☒ Change ☐ Addition
 NAME **MURPHY, DEBRA**
 STREET ADDRESS **1206 S. WIGGINS RD.**
 CITY-ST-ZIP **PLANT CITY, FL 33566**

TITLE **TD** ☒ Delete
 NAME **HORN, SHARON**
 STREET ADDRESS **2803 WALLACE BRANCH RD N**
 CITY-ST-ZIP **PLANT CITY FL**

TITLE **PD** ☒ Change ☐ Addition
 NAME **BULLINGTON, GENE**
 STREET ADDRESS **4823 MILEY Rd**
 CITY-ST-ZIP **PLANT CITY, FL 33565**

TITLE **CD** ☒ Delete
 NAME **ARNOTT, DARREN**
 STREET ADDRESS **1518 CITRUS ORCHARD WAY**
 CITY-ST-ZIP **VALRICO FL 33594**

TITLE **CD** ☐ Change ☐ Addition
 NAME **GREEN, MATTHEW**
 STREET ADDRESS **140 TOM CARR LANE**
 CITY-ST-ZIP **LITHIA, FL 33547**

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]* **Gene Bullington**

4/26/00

813-752-0778

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

06/19/00