

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 28, 2003 8:00 am**  
**Secretary of State**

07-28-2003 90144 032 \*\*\*\*70.00

**DOCUMENT # N33938**

1. Entity Name

**PLANT CITY HIGH SCHOOL BAND PARENTS ASSOCIATION  
A FLORIDA NONPROFIT CORPORATION**



Principal Place of Business

**1 RAIDER PLACE  
PLANT CITY FL 33566**

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **NOT APPLICABLE**

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

**CAUSEY, JAMES JR  
3307 DENTON RD  
PLANT CITY FL 33566**

Name

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

City

**FL**

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*James E. Causey, Jr.* **James E. Causey, Jr. President**

**7/14/03**

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**

**\*After September 10, 2003, min will be \$236.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VP** ☐ Delete  
NAME **DVKEMA, DOUGLAS**  
STREET ADDRESS **3012 FORREST CLUB DR**  
CITY-ST-ZIP **PLANT CITY FL 33567**

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

TITLE **SD** ☒ Delete  
NAME **MANUS, TINA**  
STREET ADDRESS **4604 COUNTRY HILLS CT. N.**  
CITY-ST-ZIP **PLANT CITY FL 33567**

TITLE ☒ Change ☐ Addition  
NAME **Secretary**  
STREET ADDRESS **Graziano, Cheryl**  
CITY-ST-ZIP **4051 Canary Palm Circle**  
**Plant City, FL 33566**

TITLE **VD** ☒ Delete  
NAME **LANE, ROBERT**  
STREET ADDRESS **1008 MONROE ST.**  
CITY-ST-ZIP **PLANT CITY FL 33565**

TITLE ☒ Change ☐ Addition  
NAME **Vice-President (2nd)**  
STREET ADDRESS **Hoeksema, Bill**  
CITY-ST-ZIP **4310 Moores Lake Road**  
**Dover, FL 33527**

TITLE **T** ☐ Delete  
NAME **GARRELL, JUDY**  
STREET ADDRESS **301 WILDER RD LOT 74**  
CITY-ST-ZIP **PLANT CITY FL 33566**

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

TITLE **P** ☐ Delete  
NAME **CAUSEY, JAMES JR**  
STREET ADDRESS **3307 DENTON RD**  
CITY-ST-ZIP **PLANT CITY FL 33566**

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

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

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: James E. Causey, Jr. President 7/14/03 (813) 752-3707**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (4/03)