

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N39608

1. Entity Name

THE LEESBURG HIGH SCHOOL BAND PARENTS, INC.

FILED
Sep 14, 2000 8:00 am
Secretary of State

09-14-2000 90012 045 ****61.25

Principal Place of Business

1401 WEST MEADOWS DRIVE
 LEESBURG FL 34748-5643

Mailing Address

LHS BAND PARENTS
 P.O. BOX 492502
 LEESBURG FL 34748

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3026622

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

JOHNSON, JACQUELYN E
 1401 MEADOWS DRIVE
 LEESBURG FL 34748

7. Name and Address of New Registered Agent

Name

Connie Bame

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

1401 W. Meadows Dr.

City

Leesburg

FL

Zip Code

34748

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

Connie Bame

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 13, 2000 min. will be \$236.25

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

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	JOHNSON, JACQUELYN E	
STREET ADDRESS	P.O. BOX 929	
CITY-ST-ZIP	LADY LAKE FL 32158	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GERGER, MELODY	
STREET ADDRESS	110 CAROLINE DR	
CITY-ST-ZIP	LADY LAKE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	WELLER, DARLENE	
STREET ADDRESS	4315 SERENE CIRCLE	
CITY-ST-ZIP	FRUITLAND PARK FL 34731	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BAME, CONNIE	
STREET ADDRESS	505 W CATAWBA ST	
CITY-ST-ZIP	FRUITLAND PARK FL 34731	
TITLE	S	<input type="checkbox"/> Delete
NAME	BROWN, PAULA	
STREET ADDRESS	5 LONESOME PINE TRAIL	
CITY-ST-ZIP	YALAHUA FL 34797	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Connie Bame	
STREET ADDRESS	505 W. Catawba St.	
CITY-ST-ZIP	Fruitland Park FL 34731	
TITLE	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Debbie Glasgow	
STREET ADDRESS	2201 N. Citrus Blvd.	
CITY-ST-ZIP	Leesburg, FL 34748	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Beverly Edwards	
STREET ADDRESS	7516 Sunnyside Dr.	
CITY-ST-ZIP	Leesburg, FL 34748	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:

Connie Bame, 9/8/00 (352) 728-3739

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CH2E037 (5/00)