

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 24, 2001 8:00 am**  
**Secretary of State**

08-24-2001 90003 027 \*\*\*\*61.25

**DOCUMENT # N39608**

1. Entity Name

**THE LEESBURG HIGH SCHOOL BAND PARENTS, INC.**

Principal Place of Business  
**1401 WEST MEADOWS DRIVE**  
**LEESBURG FL 34748-5643**

Mailing Address  
**LHS BAND PARENTS**  
**P.O. BOX 492502**  
**LEESBURG FL 34748**

**C0075546**



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

**59-3026622**

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

**BAME, CONNIE**  
**1401 MEADOWS DRIVE**  
**LEESBURG FL 34748**

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.

SIGNATURE

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 12, 2001, 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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 checked="" type="checkbox"/> Delete
NAME	WELLER, DARLENE	
STREET ADDRESS	4315 SERENE CIRCLE	
CITY-ST-ZIP	FRUITLAND PARK FL 34731	
TITLE	D	<input 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		

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bame, Connie	
STREET ADDRESS	505 W Catawba St.	
CITY-ST-ZIP	Fruitland Park, FL 34731	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Oliver, Leroy	
STREET ADDRESS	P.O. Box 491932	
CITY-ST-ZIP	Leesburg, FL 34749	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Beesley, Debi	
STREET ADDRESS	2201 N. Citrus Blvd.	
CITY-ST-ZIP	Leesburg, FL 34731	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Nelson, Kristen	
STREET ADDRESS	P.O. Box 223	
CITY-ST-ZIP	Fruitland Park, FL 34731	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Brown, Paula	
STREET ADDRESS	38234 Gray's Airport Rd.	
CITY-ST-ZIP	Lady Lake, FL 32159	
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*  
**CONNIE BAME REQUIRED**

8/14/01

(352) 787-0786

CR2E037 (5/01)

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