

# 2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Aug 21, 2002 8:00 am  
Secretary of State

08-21-2002 90086 001 \*\*\*\*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

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

BAME, CONNIE  
1401 MEADOWS DRIVE  
LEESBURG FL 34748

7. Name and Address of New Registered Agent

Name

Mike Ramesar

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

1401 W. Meadows Dr.

City

Leesburg, FL 34748

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

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	<input checked="" type="checkbox"/> Delete
NAME	BAME, CONNIE	
STREET ADDRESS	505 W CATAWBA STREET	
CITY-ST-ZIP	FRUITLAND PARK FL 34731	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	OLIVER, LEROY	
STREET ADDRESS	P O BOX 491932	
CITY-ST-ZIP	LEESBURG FL 34749	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	BEESLEY, DEBI	
STREET ADDRESS	2201 N CITRUS BLVD	
CITY-ST-ZIP	LEESBURG FL 34731	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	NELSON, KRISTEN	
STREET ADDRESS	P O BOX 223	
CITY-ST-ZIP	FRUITLAND PARK FL 34731	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BROWN, PAULA	
STREET ADDRESS	38234 GRAYS AIRPORT RD	
CITY-ST-ZIP	LADY LAKE FL 32159	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mike Ramesar	
STREET ADDRESS	5035 Royal Oak Dr.	
CITY-ST-ZIP	Fruitland Park, FL 34731	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jim Perry	
STREET ADDRESS	4925 Magnolia Ridge	
CITY-ST-ZIP	Fruitland Park, FL 34731	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Connie Bame	
STREET ADDRESS	505 Catawba St.	
CITY-ST-ZIP	Fruitland Park, FL 34731	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Grace Sansom	
STREET ADDRESS	5408 Royal Oak Dr.	
CITY-ST-ZIP	Leesburg, FL 34748	
TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sabrina Hubbell	
STREET ADDRESS	800 Maple Ave.	
CITY-ST-ZIP	Fruitland Park, FL 34731	
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:

SIGNATURE REQUIRED

Mike Ramesar 7/31/02 (352) 728-3739  
President

Date Daytime Phone #

CR2E037 (9/01)