## 2003 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# N39608

FILED Sep 09, 2003 Secretary of State

Entity Name: THE LEESBURG HIGH SCHOOL BAND PARENTS, INC.

**New Principal Place of Business: Current Principal Place of Business:** 1401 WEST MEADOWS DRIVE LEESBURG, FL 347485643 **Current Mailing Address: New Mailing Address:** LHS BAND PARENTS P.O. BOX 492502 LEESBURG, FL 34748 FEI Number: 59-3026622 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: RAMESAR, MIKE SMITH, QUINDE E 1401 MEADOWS DRIVE 1401 MEADOWS DRIVE LEESBURG, FL 34748 LEESBURG, FL 34748 US US 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: QUINDE E. SMITH 09/09/2003 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change ( ) Addition RAMESAR, MIKE SMITH, QUINDE E Name: Name: 5035 ROYAL OAK DR Address: 2205 E. MONTCLAIR RD. Address: City-St-Zip: FRUITLAND PARK, FL 34731 City-St-Zip: LEESBURG, FL 34748 Title: Title: ( ) Delete () Change () Addition Name: PERRY, JIM Name: Address: 4925 MAGNOLIA RIDGE Address: City-St-Zip: FRUITLAND PARK, FL 34731 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition BAME, CONNIÉ Name: BRIGHURST, DEANNA Name: 505 CATAWBA ST 37835 HARRIS LAKE RD. Address: Address: City-St-Zip: FRUITLAND PARK, FL 34731 City-St-Zip: LADY LAKE, FL 32159 Title: () Delete Title: (X) Change ( ) Addition Name: SANSOM, GRACE Name: JOHNSON, MARIA 320 WOODLAND TRAIL Address: 5408 ROYAL OAK DR Address: City-St-Zip: LEESBURG, FL 34748 City-St-Zip: LADY LAKE, FL 32159 Title: () Delete Title: () Change () Addition HUBBELL, SABRINA Name: Name: 800 MAPLE AVE Address: Address: FRUITLAND PARK, FL 34731 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: QUINDE E. SMITH P 09/09/2003