2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPES OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED **DOCUMENT # N42550** Mar 14, 2000 8:00 am 1. Entity Name **Secretary of State** MANDARIN HIGH SCHOOL BAND BOOSTERS, INC. 03-14-2000 90009 014 ****61.25 Principal Place of Business Mailing Address MANDARIN HIGH SCHOOL MANDARIN HIGH SCHOOL BEND P.O. BOX 57145 4831 GREENLAND ROAD JACKSONVILLE FL 32258-1517 JACKSONVILLE FL 32241-7145 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number NOT APPLICABLE Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Sohnson Street Address (P.O. Box Number is Not Acceptable) SMITH, DEBORAH D 1848 PLANTATION OAKS DRIVE JACKSONVILLE FL 32223 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 FILE NOW: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees **Department of State FEE IS \$61.25** OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. K Change ☐ Addition ☐ Delete TITLE TITLE NAME CLARK, MICHAEL NAME James Diehl STREET ADDRESS STREET ADDRESS 4112 SHETLAND PONY LANE 10339 Belmont Stakes Court CITY-ST-7IP CITY-ST-ZIP JACKSONVILLE FL 32223 Jacksonville, Fl 32257 ☐ Addition 🗹 Change TITLE ☐ Delete TITLE JOHNSON, DEBORAH NAME NAME Peggy Farmer STREET ADDRESS STREET ADDRESS 12427 GENTLE KNOLL 5012 Ripple Rush Drive CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32258 Jacksonville, F1 32257 🗶 Change Delete TITLE ☐ Addition TITLE NAME NAME PRAGER, FRANK Pat Farmer STREET ADORESS 10266 SECRET HARBOUR COURT STREET ADDRESS 5012 Ripple Rush Drive CITY-ST-ZIP CITY-ST-ZIP Jacksonville FL 32257 Jacksonville, Fl 32257 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Addition TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS City-ST-ZIP CITY-ST-ZIF ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

Daytime Phone #