

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2002 8:00 am
Secretary of State

05-10-2002 90043 003 ****70.00

DOCUMENT # N42550

1. Entity Name

MANDARIN HIGH SCHOOL BAND BOOSTERS, INC.

Principal Place of Business

Mailing Address

MANDARIN HIGH SCHOOL
 4831 GREENLAND ROAD
 JACKSONVILLE FL 32258-1517
 US

MANDARIN HIGH SCHOOL-BAND BAND
 P.O. BOX 57145
 JACKSONVILLE FL 32241-7145
 US

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

NOT APPLICABLE

Applied For

Not Applicable

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

JOHNSON, DEBRA A
 12427 GENTLE KNOLL DR E
 JACKSONVILLE FL 32258

Name **Patrick J. Farmer**

Street Address (P.O. Box Number is Not Acceptable)
5012 Ripple Rush Dr

City **Jacksonville** FL Zip Code **32257**

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 **Patrick Farmer**
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/24/02

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 **D** ☒ Delete
 NAME **DIEHL, JAMES**
 STREET ADDRESS **10339 BELMONT STAKES COURT**
 CITY-ST-ZIP **JACKSONVILLE FL 32257**

TITLE **D** ☐ Change ☒ Addition
 NAME **Peggy Hawkins**
 STREET ADDRESS **1769 Rivergate Place**
 CITY-ST-ZIP **Jacksonville FL 32223**

TITLE **D** ☒ Delete
 NAME **FARMER, PEGGY**
 STREET ADDRESS **5012 RIPPLE RUSH DRIVE**
 CITY-ST-ZIP **JACKSONVILLE FL 32257**

TITLE **D** ☐ Change ☐ Addition
 NAME **Paula Baumgarden**
 STREET ADDRESS **5296 Julington Forest Dr.**
 CITY-ST-ZIP **Jacksonville FL 32258**

TITLE **D** ☐ Delete
 NAME **FARMER, PAT**
 STREET ADDRESS **5012 RIPPLE RUSH DRIVE**
 CITY-ST-ZIP **JACKSONVILLE FL 32257**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
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 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: **Patrick Farmer**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/02
 Date

Daytime Phone #

CR2E037 (9/01)