

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Sep 11, 2003 8:00 am**  
**Secretary of State**

09-11-2003 90080 008 \*\*\*\*61.25

0014876

**DOCUMENT # N45640**  
1. Entity Name  
**LELY BAND BOOSTERS, INC.**



Principal Place of Business  
**1 LELY HIGH SCHOOL BLVD.  
NAPLES FL 34113**

Mailing Address  
**1 LELY HIGH SCHOOL BLVD.  
NAPLES FL 34113**

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

4. FEI Number **65-0289393** Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

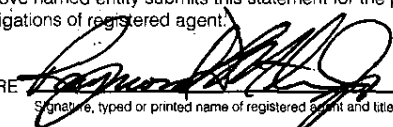


CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent  
**BARTLETT, SUSANNE E  
373 THIRD AVE  
MARCO ISLAND FL 34145**

7. Name and Address of New Registered Agent  
Name **RAYMOND L. MILUM, JR.**  
Street Address (P.O. Box Number is Not Acceptable)  
**4518 ROBIN AVENUE**  
City **NAPLES** FL Zip Code **34104**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  **TREASURER - RAYMOND L. MILUM, JR.** **9/8/03**  
(NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**  
**After September 10, 2003, min will be \$236.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	HILDEN, DONNA	
STREET ADDRESS	4866 BERKELEY DR	
CITY-ST-ZIP	NAPLES FL 34112	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HUSTAD, CHARLOTTE	
STREET ADDRESS	380 THIRD AVE	
CITY-ST-ZIP	MARCO ISLAND FL 34145	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	BARTLETT, SUSANNE	
STREET ADDRESS	373 THIRD AVE	
CITY-ST-ZIP	MARCO ISLAND FL 34145	
TITLE	VD	<input type="checkbox"/> Delete
NAME	LEUTZ, SUSAN	
STREET ADDRESS	990 MOON LAKE DR	
CITY-ST-ZIP	NAPLES FL 34104	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FLOWERS, BARBARA	
STREET ADDRESS	6251 EVERETT ST	
CITY-ST-ZIP	NAPLES FL 34112	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	MARTINEZ, NERINA	
STREET ADDRESS	683 PELICAN CT	
CITY-ST-ZIP	MARCO ISLAND FL 34145	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JENNIFER MILUM	
STREET ADDRESS	4518 ROBIN AVE	
CITY-ST-ZIP	NAPLES, FL 34104	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANGELA LEUTZ	
STREET ADDRESS	990 MOON LAKE DR.	
CITY-ST-ZIP	NAPLES, FL 34104	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RAYMOND, L. MILUM JR.	
STREET ADDRESS	4518 ROBIN AVE.	
CITY-ST-ZIP	NAPLES, FL 34104	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUSAN LEUTZ	
STREET ADDRESS	990 MOON LAKE DR.	
CITY-ST-ZIP	NAPLES, FL 34104	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DEBBIE CARABBA	
STREET ADDRESS	2499 KINGS LAKE BLVD.	
CITY-ST-ZIP	NAPLES, FL 34104	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KATHY BURT	
STREET ADDRESS	5334 JENNINGS ST.	
CITY-ST-ZIP	NAPLES, FL 34113	

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:  **TREASURER - RAYMOND L. MILUM, JR.** **9/8/03** 239-732-2723

CR2E037 (4/03)