

2000 UNIFORM BUSINESS REPORT (UBR)

2/1:

FILED

May 17, 2000 8:00 am
Secretary of State

02-15-2000 90002 050 ****61.25

DOCUMENT # N46138

1. Entity Name

NOVA HIGH SCHOOL BAND PARENTS ASSOCIATION, INCOR

Principal Place of Business

3600 COLLEGE AVE.
DAVIE FL 33314

Mailing Address

3600 COLLEGE AVE.
DAVIE FL 33314-7723

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

65-0312506

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

WEAVER, LINDA
14360 SW 29TH COURT
DAVIE FL 33330

7. Name and Address of New Registered Agent

Name

Richard Helms

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

461 Lincoln St

City Hollywood

FL

Zip Code

33024

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 \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	GILL, JOANNE	
STREET ADDRESS	1901 SW 67TH TERRACE	
CITY-ST-ZIP	PLANTATION FL 33317	

TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	WEAVER, LINDA	
STREET ADDRESS	14360 SW 29TH COURT	
CITY-ST-ZIP	DAVIE FL 33330	

TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	MURPHY, RICK L	
STREET ADDRESS	PO BOX 8341	
CITY-ST-ZIP	CORAL SPGS FL 33075	

TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	BARAD, PAUL	
STREET ADDRESS	11309 LAKEVIEW DRIVE	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	

TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	ZEIDELL, ROSE	
STREET ADDRESS	5208 HARRISON STREET	
CITY-ST-ZIP	HOLLYWOOD FL 33021	

TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	ANDREWS, MOLET	
STREET ADDRESS	16346 NW 8TH DRIVE	
CITY-ST-ZIP	PEMBROKE PINES FL 33026	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Charles Gurnino	
STREET ADDRESS	10181 SW 470th St	
CITY-ST-ZIP	DAVIE FL 33328	

TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Linda Soto	
STREET ADDRESS	8627 Bridal Path Ct	
CITY-ST-ZIP	DAVIE FL 33328	

TITLE	V.P. Fielding	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rubin Fielding	
STREET ADDRESS	22221 NE 52 Street	
CITY-ST-ZIP	FT. LAUDERDALE FL 33306	

TITLE	Pres	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Richard Helms	
STREET ADDRESS	461 Lincoln St	
CITY-ST-ZIP	Hollywood FL 33024	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-10-00

Date

954-370-1372

Daytime Phone #

2-21-00

261 15 5957

CR2E037 (9/99)