

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90044 049 ****70.00

DOCUMENT # N46138
1. Entity Name
Nova High School Band Parents Association, Inc.

Principal Place of Business 3600 College Ave.
Davie, FL 33314
Mailing Address 3600 College Ave.
Band Director
Davie, FL 33314

553172

DO NOT WRITE IN THIS SPACE

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

7. Name and Address of New Registered Agent

Name Violet Andrews

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

16346 NW 8 Drive

City Pembroke Pines

FL

Zip Code 33028

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 Violet M Andrews

Violet Andrews

4/21/01

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
FEE IS \$61.25**

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

TITLE	<u>P/D President</u>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<u>Violet Andrews</u>	
STREET ADDRESS	<u>16346 NW 8 Dr.</u>	
CITY-ST-ZIP	<u>Pembroke Pines, FL 33028</u>	
TITLE	<u>V/D Vice President</u>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<u>Linda Soto</u>	
STREET ADDRESS	<u>8627 BridlePath Ct.</u>	
CITY-ST-ZIP	<u>Davie, FL 33328</u>	
TITLE	<u>T/D Treasurer</u>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<u>Susan Field</u>	
STREET ADDRESS	<u>20 The Common</u>	
CITY-ST-ZIP	<u>Tamarac, FL 33319</u>	
TITLE	<u>S/D Secretary</u>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<u>Nancy Bravo</u>	
STREET ADDRESS	<u>10767 NW 11 St.</u>	
CITY-ST-ZIP	<u>Pembroke Pines, FL 33026</u>	
TITLE	<u>D</u>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<u>Elsie Lopez</u>	
STREET ADDRESS	<u>4400 SW 72 Way</u>	
CITY-ST-ZIP	<u>Davie, FL 33314</u>	
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: Violet M Andrews Violet Andrews

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/21/01 904-987-2020
553172

CR2E037 (11/00)