

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 28, 2002 8:00 am**  
**Secretary of State**

05-28-2002 91722 001 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

**DOCUMENT # N46138**

**1. Entity Name**  
**NOVA HIGH SCHOOL BAND PARENTS ASSOCIATION, INCORPORATED**

<b>Principal Place of Business</b> 3800 COLLEGE AVE. DAVIE FL 33314	<b>Mailing Address</b> 3800 COLLEGE AVE. BAND DIRECTOR DAVIE FL 33314
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<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

<b>4. FEI Number</b> 65-0312506	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**  
 ANDREWS, VIOLET  
 16346 NW 8 DR  
 PEMBROKE PINES FL 33028

**7. Name and Address of New Registered Agent**  
 Name: ROSALIE TUCKER  
 Street Address (P.O. Box Number is Not Acceptable): 4228 SW 10TH TERR.  
 City: DAVIE FL Zip Code: 33314

**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: SAME AS BELOW (Box 12) (NOTE: Registered Agent signature required when reinstating)  
 DATE:

<b>FILE NOW: FEE IS \$61.25</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Department of State</b>
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**10. OFFICERS AND DIRECTORS**

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	ANDREWS, VIOLET	
STREET ADDRESS	16346 NW 8 DR	
CITY-ST-ZIP	PEMBROKE PINES FL 33028	
TITLE	<del>BOARD MEMBER</del>	<input type="checkbox"/> Delete
NAME	SOTO, LINDA	
STREET ADDRESS	8627 BRIDAL PATH CT	
CITY-ST-ZIP	DAVIE FL 33328	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	FIELD, SUSAN	
STREET ADDRESS	20 THE COMMON	
CITY-ST-ZIP	TAMARAC FL 33319	
TITLE	<del>BOARD MEMBER</del>	<input type="checkbox"/> Delete
NAME	BRAVO, NANCY	
STREET ADDRESS	10767 NW 11 ST	
CITY-ST-ZIP	PEMBROKE PINES FL 33028	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LOPEZ, ELISE	
STREET ADDRESS	4400 SW 72 WAY	
CITY-ST-ZIP	DAVIE FL 33314	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSALIE TUCKER	
STREET ADDRESS	4228 SW 10TH TERR.	
CITY-ST-ZIP	DAVIE FL 33314	
TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHERYL LEVY	
STREET ADDRESS	7010 SW 26TH CT.	
CITY-ST-ZIP	MIRAMAR, FL 33023	
TITLE	CO-TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Payton, Jeanette	
STREET ADDRESS	4861 N W 6th Ct	
CITY-ST-ZIP	Plantation, FL 33317	
TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	medcoff, Selma	
STREET ADDRESS	978 NW 7th Circle 9-15	
CITY-ST-ZIP	Plantation, Florida 33324	
TITLE	CO-TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NANCY CLARKE	
STREET ADDRESS	302 LAKESIDE CT.	
CITY-ST-ZIP	SUNRISE, FL 33326	
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] **3/26/02 954/772-3446**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)