FILED

May 15, 2000 8:00 am Secretary of State

03-17-2000 90010 044 ****61.25

2000 UNIFORM BUSINESS REPO

DOCUMENT # N50547

1. Entity Name

ESCAMBIA HIGH SCHOOL BAND BOOSTERS, INC.

ESCAMBIA	HIGH	SCHOOL
		••••
1310 65TH	MYC.	
DEMONDA	A F1	narne

Principal Place of Business

Mailing Address

ESCAMBIA HIGH SCHOOL

1310 65TH AVE. PENSACOLA FL 32506 PENSACOLA FL 32506-3908			10000	09: Eins 40:0: Oshi 8:0: 140: 0:0)	nii Aradi gibis Divii	ı 21211 EDI				
2. Principal Pl	Principal Place of Business 3. Mailing Address									
Suite, Apt. #, etc. Suite, Apt. #, etc.					. DO NOT WRITE IN THIS SPACE					
City & State	City & State City & State					4. FEI Number NOT APPLICABLE Applied For Not Applicable				
Zip	Countr	y	Zip Country			5. Certificate of Status Desired				
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent				
	Name									
1310 65TH				Street A	ddress ((P.O. Box Numbe	er is Not Acceptable)			
PENSACOLA FL 32506			City	FL Zip Code				3		
SIGNATURE .			the purpose of changing its				th, in the state of Florida.			
1	Signature, typed or printed name	e of registered agent a	no true il applicable. (NOTE	E: Registered Agent signs	ture recione	o when remstating)				
FILE NOW: 9. Election Campaign Finance FEE IS \$61.25 Trust Fund Contribution.			· · ·		00 May Be Make Check Payable to Department of State					
10		ICERS AND DIR	ECTORS	11.		ADDITIONS/CH) IANGES TO OFFICERS AND D	DIRECTORS IN	10	
10.	IDP OFF	CENS AND DIN			ПР			Change	Addition	
TITLE	l		Delete	YITLE NAME	E _	istad, S Pamlico	Colt	M cilonae	Addition	
NAME CTREET ADDRESS	ANDERSON, JOHN			STREET ADDRESS		13 (0 0 0 , 2	Circle			
STREET ADDRESS CITY-ST-ZIP	444 LOWNDE AVE	F07		CITY-ST-ZIP		בי מייניים	EL 20507			
	PENSACOLA FL 32	307			PE	<u>veržora '</u>	FL 32507	Pri ot annu	☐ Addition	
TITLE NAME	ROBINSON, JOHN		Oelete	TITLE NAME	Coi	ursey, l	Margaret eficia Dr.	Change	Addition	
STREET ADDRESS CITY-ST-ZIP	1901 NIGOLE ST PENSACOLA FL 32	507		STREET ADDRESS CITY-ST-ZIP	Per	32 Sedq Isacola	efield Dr. FL 32507			
TITLE	DV MCCARY, NITA		√ Delete	. TITLE NAME	IV.	+ell. 5	Sharon	™ Change	Addition	
STREET ADDRESS	6001 DAMARA LAN	F		STREET ADDRESS	68	03 Kittul	hawk Dr.		1	
CATY-ST-ZIP	PENSACOLA FL 32			CITY-ST-ZIP			FL 32506			
TITLE	DS		Delete	TITLE				Change	☐ Addition	
NAME	WRIGHT, BRENDA		7 0000	NAME	Ga	yla Ryd	er	•		
STREET ADDRESS	16590 PERDIDO KE	V #3R		STREET ADDRESS	14	15 Tende	c Oaks		}	
CITY-ST-ZIP	PENSACOLA FL 32			CITY-ST-ZIP			FL 38506			
TITLE	DT	AA1	Deleta	TITLE	1	C	<u> </u>	Change	Addition	
NAME	HANSON, KATHY	•	An incinia	NAME	6	E Gus	أيالمم هذاكم مبياملهم)		
STREET ADDRESS		#31	**	STREET ADDRESS	100	122 And	endolyn (Wendy istock Aue.	/		
CITY-ST-ZIP				CITY-ST-ZIP	160	NEAUNIA	56CK 110E.			
	PENSACOLA FL 32	000			1321	IDUINIE	1 - 3 W 7 U /	☐ Change	Addition	
TITLE	_		☐ Delete	TITLE				□ Citatife	La Munior	
NAME	.]			NAME	.]					
STREET ADDRESS				STREET ADDRESS	`					
CITY-ST-ZIP	<u></u>			CITY-ST-ZIP	1					
L 45						P4 110 07/0	N/N CI-13- Or-13- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -			

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: S

Gwendolyn Grof

1/17/00

453-322) 850

×264 Daytime Phone #