

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2002 8:00 am
Secretary of State

02-05-2002 90040 006 ****61.25

DOCUMENT # N50547

1. Entity Name

ESCAMBIA HIGH SCHOOL BAND BOOSTERS, INC.

Principal Place of Business

Mailing Address

**ESCAMBIA HIGH SCHOOL
 1310 65TH AVE.
 PENSACOLA FL 32506**

**ESCAMBIA HIGH SCHOOL
 1310 65TH AVE.
 PENSACOLA FL 32506**

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

NOT APPLICABLE

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

**HOLSWORTH, DOUGLAS
 1310 65TH AVE.
 PENSACOLA FL 32506**

Name

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

City

FL

Zip Code

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 \$61.25

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 **DP** ☒ Delete
 NAME **EGSTAD, SCOTT**
 STREET ADDRESS **571 RIOLA PLACE**
 CITY-ST-ZIP **PENSACOLA FL 32506**

TITLE **DP** ☒ Change ☐ Addition
 NAME **TAYLOR, CAROL**
 STREET ADDRESS **1293 MIDDLEBROOK DR.**
 CITY-ST-ZIP **PENSACOLA, FL 32506**

TITLE **DT** ☒ Delete
 NAME **TAYLOR, CAROL**
 STREET ADDRESS **1293 MIDDLEBROOK DR**
 CITY-ST-ZIP **PENSACOLA FL 32506**

TITLE **DVP** ☒ Change ☐ Addition
 NAME **ADDY, TANNIE**
 STREET ADDRESS **5791 GRANDE LAGOON BLVD**
 CITY-ST-ZIP **PENSACOLA, FL 32507**

TITLE **VD** ☒ Delete
 NAME **BETTS, SCOTT**
 STREET ADDRESS **4925 CATALINA CIRCLE**
 CITY-ST-ZIP **PENSACOLA FL 32506**

TITLE **DVP** ☒ Change ☐ Addition
 NAME **HONRICK, JOHN**
 STREET ADDRESS **1051 OAKVIEW DRIVE**
 CITY-ST-ZIP **PENSACOLA, FL 32506**

TITLE **DS** ☒ Delete
 NAME **MCDONALD, FRANKIE**
 STREET ADDRESS **1316 DOS TRACK RD**
 CITY-ST-ZIP **PENSACOLA FL 32506**

TITLE **DS** ☒ Change ☐ Addition
 NAME **MEOLA, MELINA**
 STREET ADDRESS **249 WILLOW STREET**
 CITY-ST-ZIP **PENSACOLA, FL 32506**

TITLE **DV** ☒ Delete
 NAME **SLAVENS, MICHAEL**
 STREET ADDRESS **2025 W. INDIES**
 CITY-ST-ZIP **PENSACOLA FL 32506**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☒ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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: *Melina Meola* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/14/02

Date

Daytime Phone #

11/14/02