


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 14, 2003 8:00 am
Secretary of State

04-18-2003 90139 013 ****61.25

DOCUMENT # N51182
1. Entity Name
DIXIE HOLLINS BAND BOOSTERS, INC.



Principal Place of Business Mailing Address
**4940 - 62 STREET N.
ST. PETERSBURG FL 33709** **P O BOX 28324
KENNETH CITY FL 33709**

55040410



CHECK HERE IF MAKING CHANGES

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 **59-6612116** Applied For
Not Applicable
6. Certificate of Status Desired **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent
**MURR, LINDA J
6472 34TH AVE. NORTH
SAINT PETERSBURG FL 33710**

7. Name and Address of New Registered Agent
Name **SCHAER, CYNTHIA**
Street Address (P.O. Box Number is Not Acceptable)
6651 34 AVE NO
City **ST PETERSBURG** FL Zip Code **33710**

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. I am familiar with, and accept the obligations of registered agent.
SIGNATURE *Cynthia Schaar* DATE **5/18/03**
Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	MURR, LINDA	
STREET ADDRESS	6472 34TH AVE. NORTH	
CITY-ST-ZIP	SAINT PETERSBURG FL 33710	
TITLE	SD	<input type="checkbox"/> Delete
NAME	TRAUSCHT, GENE	
STREET ADDRESS	6101-33 AVENUE NORTH	
CITY-ST-ZIP	SAINT PETERSBURG FL 33710	
TITLE	TD	<input type="checkbox"/> Delete
NAME	NUTTING, MICHELLE	
STREET ADDRESS	8347 33 AVE N	
CITY-ST-ZIP	SAINT PETERSBURG FL 33710	
TITLE	V	<input type="checkbox"/> Delete
NAME	SCHAER, CYNTHIA	
STREET ADDRESS	6651 34 AVE. NO.	
CITY-ST-ZIP	SAINT PETERSBURG FL 33710	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		
TITLE	T.D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETER TRAUSCHT	
STREET ADDRESS	6101 33 AVENUE NORTH	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33710	
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)(l), 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: *Gene Trauscht* **TRAUSCHT TD 1/13/02 727-678-4787**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CPRE037 (10/02)