

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000004615

1. Entity Name

COOPER CITY HIGH SCHOOL
BAND PARENTS ASSOCIATION, INC.

Principal Place of Business
9401 STIRLING ROAD
COOPER CITY, FL 33328

Mailing Address
9401 STIRLING ROAD
COOPER CITY, FL 33328

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
59-2583208

Applied For
Not Applicable

Zip

Country

Zip

Country

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

GLADFELTER, TERRY
9401 STIRLING ROAD
COOPER CITY, FL 33328

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 PD ☐ Delete
NAME EDINGER, MARY
STREET ADDRESS 11210 RENAISSANCE ROAD
CITY-ST-ZIP COOPER CITY, FL 33026

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

TITLE VD ☐ Delete
NAME ANTMANN, LEONARD
STREET ADDRESS 2902 CAYENNE AVENUE
CITY-ST-ZIP COOPER CITY, FL 33026

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

TITLE SD ☐ Delete
NAME CRUMBLEY, FAYE
STREET ADDRESS 2454 N W 177 TERRACE
CITY-ST-ZIP OPA LOCKA, FL 33056

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

TITLE TD ☐ Delete
NAME ROSS, LINDA
STREET ADDRESS 3092 PERRIWINKLE CIRCLE
CITY-ST-ZIP DAVIE, FL 33328

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

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:

Linda Ross (Linda Ross)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-01 954-472-7860
Date Daytime Phone #

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

05-22-2001 90025 028 ****61.25

552123

DO NOT WRITE IN THIS SPACE

CR2E037 (11/00)