## 2002 UNIFORM BUSINESS REPORT (UBR)

## Jun 23, 2002 8:00 am DOCUMENT # N9300004615 **Secretary of State** 05-15-2002 90043 046 \*\*\*\*61.25 COOPER CITY HIGH SCHOOL BAND PARENTS' ASSOCIATIO Principal Place of Business Mailing Address 9401 STIRLING RD 9401 STIRLING RD COOPER CITY FL 33328 COOPER CITY FL 33328 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2583208 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 8. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent inda Ross Street Address (P.O. Box Number is Not Acceptable) GLADFELTER, TERRY 9401 STIRLING RD COOPER CITY FL 33328 Cooper City ⊐ & 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. 120S Treasurer 9. Election Campaign Financing \$5.00 May Be FILE NOW: FEE IS \$61,25 Make Check Payable to Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE Delete De TITLE President / D Change ☐ Addition NAME EDINGER, MARY NAME Mark Kamsler STREET ADDRESS 11210 RENAISSANCE ROAD STREET ADDRESS 4020 SW 152 Avenue CITY-ST-ZIP Cooper City FL 33026 CITY-ST-ZIP Miramar, FL 33027 TITLE Delete TITLE vice · President / D TX Change ☐ Addition NAME antmann, Leonard NAME Liz Losey 5571 SW 112 Terrace STREET ADDRESS 2902 CAYENNE AVENUE STREET ADDRESS CITY-ST-ZIP COOPER CITY FL 33026 Cooper City, FL 33330 CITY-ST-712 TILE ⊠ Delete TITLE Secretary/D Change ☐ Addition CRUMBLEY, FAYE \_ NAME NAME Carol-Doyle-2454 NW 177 TERRACE STREET ADDRESS STREET ADDRESS 4160 Lansing Avenue CITY-ST-ZIP OPA LOCKA FL 33056 CITY-ST-ZIP Coper City, TITLE TD ☐ Delete TITLE ☐ Addition NAME ROSS. LINDA NAME Rose, Linda STREET ADDRESS 3092 PERRIWINKLE CIRCLE 3092 Perriwinkle Circle STREET ADDRESS CJTY-ST-7IP DAVIE FL 33328 CITY-ST-ZIP Dauia, FL 33328 TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME

12. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

NAME

STREET ADDRESS

STREET ADDRESS

CUTY-ST-7/P

WE BEQUIRE

<u>4-26-02</u>

9,04

**CR2E037** 

FILED