

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N93000004635**

1. Entity Name

AVALON MIDDLE SCHOOL BAND BOOSTERS, INC.**FILED****Feb 16, 2001 8:00 am**
Secretary of State

02-16-2001 90015 015 ****61.25

0019771

Principal Place of Business

Mailing Address

**5445 KING ARTHURS WAY
MILTON FL 32583
US****5445 KING ARTHURS WAY
MILTON FL 32583
US**

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 **59-3203161**

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

**RIGGS, DAVID
5445 KING ARTHURS WAY
MILTON, FL 32583**

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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
PD ROGERS, MARILYN P 5200 TINSLEY ROAD MILTON FL 32583	<input type="checkbox"/>		
DV HEATH, PHYLLIS 4419 COPPERWOOD PLACE PACE FL 32571	<input type="checkbox"/>		
DS BARRETT, KANDYCE 5240 SPRING STREET PACE FL 32571	<input checked="" type="checkbox"/>	DS Green, Rogena 5568 Columbia Ave. Milton, FL 32570	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TD TAYLOR, DEBBIE 915 WHITE ROAD PACE FL 32571	<input checked="" type="checkbox"/>	TD Childs, Richard 4070 Bettian Ave. Milton, FL 32583	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/>		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Marilyn P. Rogers **Marilyn P. Rogers** 2-501 850.994-8571

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)