

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State
 05-28-2002 90706 002 ****61.25

DOCUMENT # N93000004635

1. Entity Name

AVALON MIDDLE SCHOOL BAND BOOSTERS, INC.

Principal Place of Business

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

Mailing Address

**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. FEE 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 **PD** ☒ Delete
 NAME **ROGERS, MARILYN P**
 STREET ADDRESS **5200 TINSLEY ROAD**
 CITY-ST-ZIP **MILTON FL 32583**

TITLE **PP** ☒ Change ☐ Addition
 NAME **Maxine Lawson**
 STREET ADDRESS **5352 Avenida de Golf**
 CITY-ST-ZIP **Pace, FL 32571**

TITLE **DV** ☒ Delete
 NAME **HEATH, PHYLLIS**
 STREET ADDRESS **4419 COPPERWOOD PLACE**
 CITY-ST-ZIP **PACE FL 32571**

TITLE **DV** ☒ Change ☐ Addition
 NAME **Sharon Holler**
 STREET ADDRESS **4821 Tanbriar Wy**
 CITY-ST-ZIP **Milton, FL 32583**

TITLE **DS** ☒ Delete
 NAME **BARRETT, KANDYCE**
 STREET ADDRESS **5240 SPRING STREET**
 CITY-ST-ZIP **PACE FL 32571**

TITLE **DS** ☒ Change ☐ Addition
 NAME **Rogenia Green**
 STREET ADDRESS **5568 Columbia Ave**
 CITY-ST-ZIP **Milton FL 32570**

TITLE **TD** ☒ Delete
 NAME **TAYLOR, DEBBIE**
 STREET ADDRESS **915 WHITE ROAD**
 CITY-ST-ZIP **PACE FL 32571**

TITLE **TD** ☒ Change ☐ Addition
 NAME **Richard Childs**
 STREET ADDRESS **4070 Bettan Ave**
 CITY-ST-ZIP **Milton, FL 32583**

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:

Signature Required
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5-1-02 850-983-5540 x203

CR2E037 (9/01)