

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000004669

1. Entity Name

NORTH FORT MYERS HIGH BAND BOOSTERS, INC.

**FILED**  
May 19, 2000 8:00 am  
Secretary of State

05-19-2000 90074 001 \*\*\*\*61.25

Principal Place of Business

NORTH FORT MYERS HIGH SCHOOL  
5000 ORANGE GROVE BLVD.  
NORTH FORT MYERS FL 33903

Mailing Address

NORTH FORT MYERS HIGH SCHOOL  
5000 ORANGE GROVE BLVD.  
NORTH FORT MYERS FL 33903-5231

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0478028

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

KAYUSA, MICHAEL F  
1922 VICTORIA AVENUE  
SUITE A  
FT. MYERS FL 33901

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	DP	<input checked="" type="checkbox"/> Delete
NAME	JARVI, FREDERICK MICH	
STREET ADDRESS	217 SE 3RD ST	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	BERNARD. T	
STREET ADDRESS	1019 LOVELY LN	
CITY-ST-ZIP	NORTH FT MYERS FL 33903	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	MCINNIS, C	
STREET ADDRESS	5580 BUNHAM CT	
CITY-ST-ZIP	N FT MYERS FL 33903	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	DAVIS, S	
STREET ADDRESS	5776 INVERNESS CIR	
CITY-ST-ZIP	N FT MYERS FL 33903	
TITLE	DV	<input type="checkbox"/> Delete
NAME	TYRE, L	
STREET ADDRESS	5954 POETRY CT	
CITY-ST-ZIP	N FT MYERS FL 33903	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TYRE, B	
STREET ADDRESS	5954 Poetry	
CITY-ST-ZIP	N. FT MYERS, FL 33903	
TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TOUCHSTONE, SUSAN	
STREET ADDRESS	N. FT. MYERS, FL	
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HENDRIX, VONDA	
STREET ADDRESS	11290 ROYAL TEE DR	
CITY-ST-ZIP	CAPE CORAL, FL 33909	
TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CROWLEY, DENNIS	
STREET ADDRESS	13820 Willow Bridge Dr.	
CITY-ST-ZIP	N. FT. MYERS, FL 33903	
TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bucher, Barbara	
STREET ADDRESS	809 NE 6th Place	
CITY-ST-ZIP	Cape Coral, FL 33909	
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)(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: *Rebecca L. Tyre*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/00

Date

941-997-4574

Daytime Phone #

CR2537 (0/00)