

# 9000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 26, 2000 8:00 am**  
**Secretary of State**

05-26-2000 90071 019 \*\*\*\*61.25

**DOCUMENT # N94000005791**

**WESTPINE MIDDLE SCHOOL BAND PARENTS' ASSOCIATION**

Principal Place of Business

Mailing Address

9393 NW 50TH ST  
 SUNRISE FL 33351

9393 NW 50TH ST  
 SUNRISE FL 33351-5262

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

65-0586108

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

**WILLIAM E. BLYLER, P.A.**  
**1881 UNIVERSITY DR**  
**CORAL SPRINGS FL 33071**

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 ☐ Delete  
 NAME **D**  
 STREET ADDRESS **SINIBALDI, JOHN**  
 CITY-ST-ZIP **5720 ROCK ISLAND RD.**  
**TAMARAC FL 33319**

TITLE ☐ Change ☒ Addition  
 NAME **D**  
 STREET ADDRESS **KLUTTZ, MARIA.**  
 CITY-ST-ZIP **9393 NW 50TH ST**  
**SUNRISE, FL 33351**

TITLE ☐ Delete  
 NAME **PD**  
 STREET ADDRESS **MARTIN, MARIA T**  
 CITY-ST-ZIP **9417 NW 39 PLACE**  
**SUNRISE FL 33351**

TITLE ☒ Change ☐ Addition  
 NAME **PD**  
 STREET ADDRESS **ROLLO, GLENNE**  
 CITY-ST-ZIP **4931 NW 85TH TERR**  
**LAUDERHILL, FL 33351**

TITLE ☐ Delete  
 NAME **VPD**  
 STREET ADDRESS **ROLLO, GLENN**  
 CITY-ST-ZIP **4931 NW 85 TERR**  
**LAUDERHILL FL 33351**

TITLE ☒ Change ☐ Addition  
 NAME **VPD**  
 STREET ADDRESS **BURNETTE, LEISA**  
 CITY-ST-ZIP **4755 NW 115 WAY**  
**SUNRISE, FL 33323**

TITLE ☐ Delete  
 NAME **S**  
 STREET ADDRESS **BURNETTE, LEISA**  
 CITY-ST-ZIP **4755 NW 115 WAY**  
**SUNRISE FL 33323**

TITLE ☒ Change ☐ Addition  
 NAME **S**  
 STREET ADDRESS **DIANE GIOLETTI**  
 CITY-ST-ZIP **4745 NW 115 WAY**  
**SUNRISE, FL 33323**

TITLE ☐ Delete  
 NAME **T**  
 STREET ADDRESS **MEYERSON, EILEEN**  
 CITY-ST-ZIP **11950 NW 35 STREET**  
**SUNRISE FL 33323**

TITLE ☒ Change ☐ Addition  
 NAME **T**  
 STREET ADDRESS **MICHELE GREENBAUM**  
 CITY-ST-ZIP **3625 NW 111 TERRACE**  
**SUNRISE, FL 33351**

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 or without other like empowered.

SIGNATURE: *Glenn E. Rollo*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-26-2000 954-290-2958

Date

Daytime Phone #

CR2E037 (9/99)