

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 03, 2001 08:00 AM****Secretary of State****DOCUMENT # N94000005791**1. Entity Name
WESTPINE MIDDLE SCHOOL BAND PARENTS' ASSOCIATION, INC.Principal Place of Business
9393 NW 50TH ST
SUNRISE FL 33351
Mailing Address
9393 NW 50TH ST
SUNRISE FL 333512. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0586108Applied For
Not Applicable5. 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 US

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 _____ 05/03/2001
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	T	<input type="checkbox"/> Delete
NAME	MEYERSON EILEEN	
STREET ADDRESS	11950 NW 35 STREET	
CITY-ST-ZIP	SUNRISE FL 33323	
TITLE	S	<input type="checkbox"/> Delete
NAME	BURNETTE LEISA	
STREET ADDRESS	4755 NW 115 WAY	
CITY-ST-ZIP	SUNRISE FL 33323	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	ROLLO GLENN	
STREET ADDRESS	4931 NW 85 TERR	
CITY-ST-ZIP	LAUDERHILL FL 33351	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MARTIN MARIA T	
STREET ADDRESS	9417 NW 39 PLACE	
CITY-ST-ZIP	SUNRISE FL 33351	
TITLE	D	<input type="checkbox"/> Delete
NAME	SINIBALDI JOHN	
STREET ADDRESS	5720 ROCK ISLAND RD.	
CITY-ST-ZIP	TAMARAC FL 33319	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADAMS KELLY D	
STREET ADDRESS	2090 CHAMPIONS WAY	
CITY-ST-ZIP	N. LAUDERDALE FL 33068	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TABEEK SUSAN	
STREET ADDRESS	4424 NW 99TH AVENUE	
CITY-ST-ZIP	SUNRISE FL 33351	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCBRIDE MICHELLE	
STREET ADDRESS	3680 NW 119TH AVE	
CITY-ST-ZIP	SUNRISE FL 33323	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREENBAUM MICHELLE	
STREET ADDRESS	3625 NW 111TH TERRACE	
CITY-ST-ZIP	SUNRISE FL 33351	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KLUTTZ MARIA	
STREET ADDRESS	9393 NW 50TH STREET	
CITY-ST-ZIP	SUNRISE FL 33351	
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)(f), 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: Kelly D. Adams T 05/03/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (11/00)