## 2002 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# N94000005791

May 16, 2002 8:00 AM Secretary of State

Entity Name: WESTPINE MIDDLE SCHOOL BAND PARENTS' ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 9393 NW 50TH ST SUNRISE, FL 33351 **Current Mailing Address: New Mailing Address:** 9393 NW 50TH ST SUNRISE, FL 33351 FEI Number: 65-0586108 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WILLIAM E. BLYLER, P.A. 1881 UNIVERSITY DR CORAL SPRINGS, FL 33071 US 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition KLUTTZ, MARIA Name: Name: 9393 NW 50TH STREET Address: Address: City-St-Zip: SUNRISE, FL 33351 City-St-Zip: Title: PD ( ) Delete Title: PD (X) Change ( ) Addition GREENBAUM, MICHELLE Name: FRANKLIN, ELIZABETH Name: Address: 3625 NW 111TH TERRACE Address: 9393 NW 50TH STREET City-St-Zip: SUNRISE, FL 33351 City-St-Zip: SUNRISE, FL 33351 Title: VPD () Delete Title: **VPD** (X) Change ( ) Addition MCBRIDE, MICHELLE BURNEY, RICARDO Name: Name: 9393 NW 50TH STREET Address: 3680 NW 119TH AVE Address: City-St-Zip: SUNRISE, FL 33323 City-St-Zip: SUNRISE, FL 33351 Title: ( ) Delete Title: (X) Change ( ) Addition Name: TABEEK, SUSAN Name: DANIELS, BEVERLY 4424 NW 99TH AVENUE 9393 NW 50TH STREET Address: Address: City-St-Zip: SUNRISE, FL 33351 City-St-Zip: SUNRISE, FL 33351 Title: () Delete Title: (X) Change ( ) Addition ADAMS, KELLY D WELLS, ALISON Name: Name: 2090 CHAMPIONS WAY 9393 NW 50TH STREET Address: Address: City-St-Zip: N. LAUDERDALE, FL 33068 City-St-Zip: SUNRISE, FL 33351

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JILL LARSEN P 05/16/2002