

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000000908

1. Entity Name

PORT ST. LUCIE HIGH SCHOOL BAND BOOSTERS ASSOCIA

FILED
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90061 012 ****61.25

Principal Place of Business

Mailing Address

1201 S.E. JAGUAR LANE
 PORT ST. LUCIE FL 34952

1201 S.E. JAGUAR LANE
 PORT ST. LUCIE FL 34952-8127

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 **65-0631328**
APPLIED FOR

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FARRELL, RICKEY L ESQ.
1595 S.E. PORT ST. LUCIE BLVD.
PORT ST. LUCIE FL 34952

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 **P** ☐ Delete
 NAME **YOUNG, MIKE**
 STREET ADDRESS **123 NORTH NARANJA AVENUE**
 CITY-ST-ZIP **PORT ST. LUCIE FL 34983**

TITLE **P** ☒ Change ☐ Addition
 NAME **LOWE, MIKE**
 STREET ADDRESS **202 SW STATLER AVE**
 CITY-ST-ZIP **PORT ST. LUCIE, FL 34984**

TITLE **VP** ☐ Delete
 NAME **O DELL, JEFF**
 STREET ADDRESS **877 S.E. CAVERN AVENUE**
 CITY-ST-ZIP **PORT ST. LUCIE FL 34983**

TITLE **VP** ☒ Change ☐ Addition
 NAME **MALDENY, ALEXA**
 STREET ADDRESS **648 SE CRESCENT AVE**
 CITY-ST-ZIP **PORT ST. LUCIE, FL 34983**

TITLE **T** ☐ Delete
 NAME **LEVIN, SPENCER**
 STREET ADDRESS **3283 S.E. PINTO STREET**
 CITY-ST-ZIP **PORT ST. LUCIE FL 34984**

TITLE **T** ☒ Change ☐ Addition
 NAME **CHUMBLY, SHEILA**
 STREET ADDRESS **5718 BALSAM DR**
 CITY-ST-ZIP **FT. PIERCE, FL 34982**

TITLE **S** ☐ Delete
 NAME **HODGE, TERRY**
 STREET ADDRESS **4812 SEA GRAPE DRIVE**
 CITY-ST-ZIP **FORT PIERCE FL 34982**

TITLE **S** ☒ Change ☐ Addition
 NAME **SGAMBATO, JO**
 STREET ADDRESS **2151 SE CAMDEN ST.**
 CITY-ST-ZIP **PORT ST. LUCIE, FL 34952**

TITLE **D** ☐ Delete
 NAME **FALCONE, CINDY**
 STREET ADDRESS **2498 SNAPPER STREET**
 CITY-ST-ZIP **PORT ST. LUCIE FL 34952**

TITLE **D** ☐ Change ☐ Addition
 NAME **MCNEES, JACK**
 STREET ADDRESS **505 SE ANCHOR LN**
 CITY-ST-ZIP **PORT ST. LUCIE, FL 34952**

TITLE **D** ☐ Delete
 NAME **HARWOOD, TED**
 STREET ADDRESS **379 SE FAITH TERRACE**
 CITY-ST-ZIP **PORT ST. LUCIE FL 34983**

TITLE **D** ☐ Change ☐ Addition
 NAME **MARTIN, GINNY**
 STREET ADDRESS **1710 SE AIRS LN**
 CITY-ST-ZIP **PORT ST LUCIE, FL 34983**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL LOWE

Date

4/28/00

Daytime Phone #

561-337-6069

CH2E037 (9/99)

N95000008908

A0066752

D

SIRACO, GINA

1957 SE CHELTENHAM ST.

PORT ST. LUCIE, FL 34952

D

MENZEL, LYNN

1731 SE HONDO AVE

PORT ST. LUCIE, FL 34952

D

ROSARIO, FAUSTO

2266 SE MASTER AVE

PORT ST. LUCIE, FL 34952

D

LEVIN, LINDA

3283 SE PINTO ST.

PORT ST. LUCIE, FL 34984

D

LEVIN, SPENCER

3283 SE PINTO ST.

PORT ST. LUCIE, FL 34984

D

AUSBAND, SUE

2699 ANN ARBOR RD

PORT ST. LUCIE, FL 34984

D

CARPENTER, LINDA

2655 SW MONTERREY LN

PORT ST. LUCIE, FL 34986

D

CARPENTER, KEVIN

2655 SW MONTERREY LN

PORT ST. LUCIE, FL 34986

D

LOWE, LAURIE

202 SW STATLER AVE

PORT ST. LUCIE, FL 34984