

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 16, 2001 8:00 am
Secretary of State

04-16-2001 90257 033 ****61.25

DOCUMENT # N95000000908

1. Entity Name

PORT ST. LUCIE HIGH SCHOOL BAND BOOSTERS ASSOCIA

Principal Place of Business

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

Mailing Address

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

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 65-0631528

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

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
NAME LOWE, MIKE
STREET ADDRESS 202 SW STATLER AVE
CITY-ST-ZIP PORT SAINT LUCIE FL 34984

TITLE PRESIDENT
NAME LYNN MENZEL
STREET ADDRESS 1431 SE HONDO AVE
CITY-ST-ZIP PORT ST. LUCIE, FL 34952

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

TITLE VICE PRESIDENT
NAME JOE IADONISI
STREET ADDRESS 811 SE CARNIVAL AVE
CITY-ST-ZIP PORT ST. LUCIE, FL 34952

TITLE T
NAME CHUMBLY, SHEILA
STREET ADDRESS 5718 BALSAM DR
CITY-ST-ZIP FORT PIERCE FL 34982

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S
NAME SGAMBATO, JO
STREET ADDRESS 2151 SE CAMDEN ST
CITY-ST-ZIP PORT SAINT LUCIE FL 34952

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE DIRECTOR - STUART DONAHUE
NAME
STREET ADDRESS 1801 SE WEXFORD CT.
CITY-ST-ZIP PORT ST. LUCIE, FL 34952

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

TITLE DIRECTOR - PAUL OWEN
NAME
STREET ADDRESS 1602 SE TRUMPET LN.
CITY-ST-ZIP PORT ST. LUCIE, FL 34952

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: SHEILA A. CHUMBLY 4/10/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Time Phone #

CR2E037 (10/00)