

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jun 09, 2000 8:00 am
Secretary of State

06-09-2000 90019 003 ****70.00

DOCUMENT # N95000002855

1. Entity Name

BOOKER HIGH SCHOOL BAND BOOSTERS, INC.

Principal Place of Business

Mailing Address

3201 NORTH ORANGE AVE.
SARASOTA FL 34234

3201 NORTH ORANGE AVE.
SARASOTA FL 34234-4744

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

59-3342879

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

KNOWLES, MARY V
4900 LIVE OAK DR
SARASOTA FL 34232

Name Karen McMullen

Street Address (P.O. Box Number is Not Acceptable)

8662 Almore Av

City North Port

FL

Zip Code 34287

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

Karen McMullen

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

5/1/00

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 PD
NAME KNOWLES, MARY V
STREET ADDRESS 4900 LIVE OAK DR
CITY-ST-ZIP SARASOTA FL 34232 ☒ Delete

TITLE DD
NAME Karen McMullen
STREET ADDRESS 8662 Almore Av
CITY-ST-ZIP North Port, FL 34287 ☒ Change ☐ Addition

TITLE VPD
NAME LUNDQUIST, LESLIE
STREET ADDRESS 13505 N BRANCH
CITY-ST-ZIP SARASOTA FL 34240 ☒ Delete

TITLE VPD
NAME George Guimond
STREET ADDRESS 3249 Kingswood
CITY-ST-ZIP SARASOTA FL 34232 ☐ Change ☒ Addition

TITLE D
NAME SILFIES, JIM
STREET ADDRESS 4583 NORTHWOOD TERRACE
CITY-ST-ZIP SARASOTA FL 34234 ☒ Delete

TITLE D
NAME JAN GUIMOND
STREET ADDRESS 3429 KINGSWOOD
CITY-ST-ZIP SARASOTA FL 34232 ☐ Change ☒ Addition

TITLE TD
NAME BOS, PATTI A
STREET ADDRESS 4228 PARRY DR
CITY-ST-ZIP SARASOTA FL 34241 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE SD
NAME RULE, SUE
STREET ADDRESS 898 PINE RIDGE LANE
CITY-ST-ZIP SARASOTA FL 34240 ☒ Delete

TITLE
NAME Leslie Lundquist (SD)
STREET ADDRESS 13505 N. Branch
CITY-ST-ZIP SARASOTA, FL 34240 ☒ Change ☐ Addition

TITLE
NAME Karen McMullen
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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:

Karen McMullen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

941-378-1060

CALL 817 (9/99)