

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2002 8:00 am
Secretary of State
 04-23-2002 90347 004 ****70.00

DOCUMENT # N95000002855

1. Entity Name

BOOKER HIGH SCHOOL BAND BOOSTERS, INC.

Principal Place of Business

**3201 NORTH ORANGE AVE.
 SARASOTA FL 34234**

Mailing Address

**3201 NORTH ORANGE AVE.
 SARASOTA FL 34234**

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

**MCMULLEN, KAREN
 8662 ALMORE AVE
 NORTH PORT FL 34287**

Name **Long, Peggy**

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

15380 Fruitville Road

City **Sarasota**

FL

Zip Code **34240**

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

Peggy Long

Peggy Long, President 4/4/2002

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 **PD** ☒ Delete
 NAME **MCMULLEN, KAREN**
 STREET ADDRESS **8662 ALMORE AVE**
 CITY-ST-ZIP **NORTH PORT FL 34287**

TITLE **PD** ☒ Change ☐ Addition
 NAME **Long, Peggy**
 STREET ADDRESS **15380 Fruitville Road**
 CITY-ST-ZIP **Sarasota, FL 34240**

TITLE **VPD** ☒ Delete
 NAME **GUIMONS, GEORGE**
 STREET ADDRESS **3244 KINGSWOOD**
 CITY-ST-ZIP **SARASOTA FL 34232**

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

TITLE **D** ☒ Delete
 NAME **GUIMAND, JAN**
 STREET ADDRESS **3429 KINGSWOOD**
 CITY-ST-ZIP **SARASOTA FL 34232**

TITLE **D** ☒ Change ☐ Addition
 NAME **Benson, Junie**
 STREET ADDRESS **3773 Delta Street**
 CITY-ST-ZIP **Sarasota, FL 34232**

TITLE **TD** ☒ Delete
 NAME **BOS, PATTI A**
 STREET ADDRESS **4228 PARRY DR**
 CITY-ST-ZIP **SARARSOTA FL 34241**

TITLE **TD** ☒ Change ☐ Addition
 NAME **Newhouse, Judy**
 STREET ADDRESS **5794 Deer Hollow Trail**
 CITY-ST-ZIP **Sarasota, FL 34232**

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

TITLE **SD** ☒ Change ☐ Addition
 NAME **Baker, Paula**
 STREET ADDRESS **4523 Selma Street**
 CITY-ST-ZIP **Sarasota, FL 34232**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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)(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:

Peggy Long
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PEGGY LONG 4/4/02 941 377-5533
 Date Daytime Phone #

CR2E037 (9/01)