

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 20, 2003 8:00 am**  
**Secretary of State**

0005635

**DOCUMENT # N95000003494**

1. Entity Name

**SEBASTIAN RIVER HIGH SCHOOL BAND BOOSTERS, INC.**



Principal Place of Business

**9001 SHARK BLVD.  
SEBASTIAN FL 32958**

Mailing Address

**9001 SHARK BLVD.  
SEBASTIAN FL 32958**

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 **31-1466575**

Applied For

Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**ELDER, KARLA  
442 A DELMONTE ROAD  
SEBASTIAN FL 32958**

7. Name and Address of New Registered Agent

Name

**Gale, Cindy**

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

**104 Ogden Avenue**

City

**Sebastian**

FL

Zip Code

**32958**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Cindy Gale*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**08/16/03**

**FILE NOW: FEE IS \$61.25**

**After September 10, 2003, min will be \$236.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete  
NAME **SHINN, CHARLES**  
STREET ADDRESS **11975 10TH STREET**  
CITY-ST-ZIP **VERO BEACH FL 32966**

TITLE **TD** ☐ Delete  
NAME **ELDER, KARLA**  
STREET ADDRESS **442 A DELMONTE ROAD**  
CITY-ST-ZIP **SEBASTIAN FL 32958**

TITLE **SD** ☐ Delete  
NAME **FERRIS, DONNA**  
STREET ADDRESS **1207 BEVAN DRIVE**  
CITY-ST-ZIP **SEBASTIAN FL 32958**

TITLE **VPD** ☐ Delete  
NAME **DONAHEY, ROBIN**  
STREET ADDRESS **322 QUARRY LANE**  
CITY-ST-ZIP **SEBASTIAN FL 32958**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PRESIDENT** ☒ Change ☐ Addition  
NAME **Robin Donahey**  
STREET ADDRESS **322 Quarry Lane**  
CITY-ST-ZIP **Sebastian FL 32958**

TITLE **Treasurer** ☒ Change ☐ Addition  
NAME **Cindy Gale**  
STREET ADDRESS **104 Ogden Ave.**  
CITY-ST-ZIP **Sebastian FL 32958**

TITLE **Secretary** ☒ Change ☐ Addition  
NAME **Mari Lynn Antonellis**  
STREET ADDRESS **1682 Lancia St**  
CITY-ST-ZIP **Sebastian FL 32958**

TITLE **VICE President** ☒ Change ☐ Addition  
NAME **Kay Shinn**  
STREET ADDRESS **11975 10th St**  
CITY-ST-ZIP **Vero Beach, FL 32966**

TITLE ☐ Change ☐ Addition  
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:

*Cindy Gale*  
**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**08-16-03**

Date

**772-589-8875**

Daytime Phone #

CR2E037 (4/03)