

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000003903

1. Entity Name

ROYALE REGIMENT BAND BOOSTERS, INC.

Principal Place of Business

200 EAST KELLY ST.
BROOKSVILLE FL 34601

Mailing Address

P.O. BOX 10554
BROOKSVILLE FL 34603-0554

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

59-3324036

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SASSER, DAVID C
29 SOUTH BROOKSVILLE AVENUE
BROOKSVILLE FL 34601

7. Name and Address of New Registered Agent

Name Michael Doolley
Street Address (P.O. Box Number is Not Acceptable)
26469 Richbarn Rd.
City Brooksville FL Zip Code 34601

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

Michael C. Doolley

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

(NOTE: Registered Agent signature required when reinstating)

7-10-00

DATE

FILE NOW: FEE IS \$61.25

After September 13, 2000 min. will be \$236.25

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	FLASPETER, RUTH	
STREET ADDRESS	3281 BATTEN RD.	
CITY-ST-ZIP	BROOKSVILLE FL 34602	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	CLARK, MARJORIE	
STREET ADDRESS	6392 HILTON DR	
CITY-ST-ZIP	BROOKSVILLE FL 34601	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	BARRADAS, MARY	
STREET ADDRESS	31255 LANCEWOOD DR	
CITY-ST-ZIP	BROOKSVILLE FL	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	LEKO, JANET	
STREET ADDRESS	26382 RICHBARN RD	
CITY-ST-ZIP	BROOKSVILLE FL 34601	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Michael Doolley	
STREET ADDRESS	26469 Richbarn Rd.	
CITY-ST-ZIP	Brooksville FL 34601	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Virginia Clayton	
STREET ADDRESS	18102 Benes Rough Road	
CITY-ST-ZIP	MASARYKTOWN FL 34609	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Donna Martucci	
STREET ADDRESS	7105 Lexington Circle	
CITY-ST-ZIP	BROOKSVILLE FL 34602	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ERMA Packer	
STREET ADDRESS	27040 Richbarn Rd.	
CITY-ST-ZIP	Brooksville FL 34601	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

ERMA Packer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-10-00

Date

352-544-0683

Daytime Phone #

CR2E037 (5/00)



DO NOT WRITE IN THIS SPACE

FILED
Jul 20, 2000 8:00 am
Secretary of State

07-20-2000 90016 027 ***61.25