

# 2002 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

GREGORY, MICHELLE  
545 EAST AVE  
BROOKSVILLE FL 34601

7. Name and Address of New Registered Agent

Name

Gray, David

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

1019 S. Mildred Ave

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 David Gray, President

On 07 May 4-16-02

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	GREGORY, MICHELLE	
STREET ADDRESS	545 EAST AVE	
CITY-ST-ZIP	BROOKSVILLE FL 34601	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	CLAYTON, VIRGINIA	
STREET ADDRESS	18102 BENES ROUSH	
CITY-ST-ZIP	MASARYKTOWN FL 34609	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	MARTUCCI, DONNA	
STREET ADDRESS	7105 LEXINGTON DR	
CITY-ST-ZIP	BROOKSVILLE FL 34602	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	SHLENBECK, JOHN	
STREET ADDRESS	23245 CROON 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	Gray, David	
STREET ADDRESS	1019 S. Mildred Ave	
CITY-ST-ZIP	Brooksville, FL 34601	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gray, Chris	
STREET ADDRESS	1019 S. Brooksville Mildred Ave	
CITY-ST-ZIP	Brooksville, FL 34601	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bennett, Georgeann	
STREET ADDRESS	149 Roosevelt Ave	
CITY-ST-ZIP	Masaryk town, FL 34609	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Morrill, Lynn	
STREET ADDRESS	506 Colonial Dr.	
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:

ON MAY 07, 2002

4-16-02

352-797-0619

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/01)



DO NOT WRITE IN THIS SPACE