

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90179 039 ****61.25

DOCUMENT # N95000004502

1. Entity Name

GIBBS HIGH SCHOOL BAND BOOSTERS, INC.

Principal Place of Business

**850 34TH STREET, SOUTH
 ST. PETERSBURG FL 33711**

Mailing Address

**1019 59TH AVE N
 SAINT PETERSBURG FL 33703**

2. Principal Place of Business

3. Mailing Address

4796-49th Ave N.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

St. Petersburg FL

Zip

Country

Zip

Country

33714

4. FEI Number

NOT APPLICABLE

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

**WILEY, DEBRA
 4796 -49TH AVE N
 SAINT PETERSBURG FL 33714**

Name

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

City

FL

Zip Code

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 Debra S. Wiley

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

(NOTE: Registered Agent signature required when reinstating)

4-30-01

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	<input type="checkbox"/> Delete
NAME	WILEY, DEBRA	
STREET ADDRESS	4796 -49TH AVE N.	
CITY-ST-ZIP	SAINT PETERSBURG FL 33704	
TITLE	V	<input type="checkbox"/> Delete
NAME	MULLKIN, CINDY	
STREET ADDRESS	8161 -45TH ST N	
CITY-ST-ZIP	PINELLAS PARK FL 33781	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	JOYAL, MARILYN	
STREET ADDRESS	2791 -56TH LN N	
CITY-ST-ZIP	SAINT PETERSBURG FL 33710	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	GREENE, KIM	
STREET ADDRESS	3469 -16TH AVE S	
CITY-ST-ZIP	SAINT PETERSBURG FL 33710	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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		
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAMES JOYAL	
STREET ADDRESS	2791 56TH LANE N	
CITY-ST-ZIP	ST PETE FL 33710	
TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sue Horvat	
STREET ADDRESS	5390 45th Ave. N.	
CITY-ST-ZIP	St. Petersburg FL 33709	
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: Debra Wiley

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-01

Date

727-522-6469

Daytime Phone #

CR2E037 (10/00)