

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State
 05-27-2002 90279 004 ****61.25

DOCUMENT # N95000004502

1. Entity Name

GIBBS HIGH SCHOOL BAND BOOSTERS, INC.

Principal Place of Business

Mailing Address

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

**4796-49TH AVE N
 SAINT PETERSBURG FL 33714**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

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 **Cindy McCourt**
 Street Address (P.O. Box Number is Not Acceptable)
4349 70th Ave N
 City **Pinellas Park** **FL** Zip Code **33781**

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 **Cynthia McCourt** **Cynthia McCourt** **4/30/02**
 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WILEY, DEBRA 4796 -49TH AVE N. SAINT PETERSBURG FL 33704	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MULLKIN, CINDY 8161 -45TH ST N PINELLAS PARK FL 33781	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD JOYAL, JAMES 2791 -56TH LN N SAINT PETERSBURG FL 33710	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HORVAT, SUE 5390 45TH AVE N SAINT PETERSBURG FL 33709	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD mullikin, Cindy 8161 -45th St. N. Pinellas Park, FL 33781	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Walker, Lisa 4701 13th Ave N. St. Petersburg, FL 33713	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD mccourt, Cindy 4349-70th Ave N. Pinellas Park, FL 33781	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Lantinen, Ellen 4802 -67th St. N. St. Petersburg, FL 33709	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Cynthia McCourt**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-02
 Date Daytime Phone #

CR2E037 (9/01)