

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

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91783 034 ****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

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

2. Principal Place of Business

3. Mailing Address

4349 70th Ave. N.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Pinellas Park, FL

4. FEI Number **NOT APPLICABLE**

Applied For

Not Applicable

Zip

Country

Zip

Country

33781

Pinellas

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MCCOURT, CINDY Cynthia
4349 70TH AVE N
PINELLAS PARK FL 33781**

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

SIGNATURE

Cynthia McCourt **Cynthia McCourt**

4-30-03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Delete
NAME **WILEY, DEBRA**
STREET ADDRESS **4796 -49TH AVE N.**
CITY-ST-ZIP **SAINT PETERSBURG FL 33704**

TITLE **PD** ☐ Change ☒ Addition
NAME **Lori Taft**
STREET ADDRESS **5320 40th Ave. N.**
CITY-ST-ZIP **St. Petersburg, FL. 33709**

TITLE **PD** ☒ Delete
NAME **MULLKIN, CINDY**
STREET ADDRESS **8161 -45TH ST N**
CITY-ST-ZIP **PINELLAS PARK FL 33781**

TITLE **YP** ☐ Change ☒ Addition
NAME **Sharon Stanley**
STREET ADDRESS **430 46th St. N.**
CITY-ST-ZIP **St. Petersburg, FL. 33713**

TITLE **TD** ☒ Delete
NAME **JOYAL, JAMES**
STREET ADDRESS **2791 -56TH LN N**
CITY-ST-ZIP **SAINT PETERSBURG FL 33710**

TITLE **SD** ☐ Change ☒ Addition
NAME **Sonia Pujol**
STREET ADDRESS **4349 70th Ave. N.**
CITY-ST-ZIP **Pinellas Park, FL. 33781**

TITLE **SD** ☒ Delete
NAME **HORVAT, SUE**
STREET ADDRESS **5390 45TH AVE N**
CITY-ST-ZIP **SAINT PETERSBURG FL 33709**

TITLE **TD** ☐ Change ☒ Addition
NAME **Doris Moshouris**
STREET ADDRESS **4920 43rd Ave. N.**
CITY-ST-ZIP **St. Petersburg, FL 33709**

TITLE **V** ☒ Delete
NAME **WALKER, LISA**
STREET ADDRESS **4701 13TH AVE N**
CITY-ST-ZIP **SAINT PETERSBURG FL 33713**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TD** ☐ Delete
NAME **MCCOURT, CINDY Cynthia**
STREET ADDRESS **4349 70TH AVE N**
CITY-ST-ZIP **PINELLAS PARK FL 33781**

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:

Cynthia McCourt **Cynthia McCourt** **4-30-03**

541-1239

CR2E037 (10/02)