

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State
 05-28-2002 91779 032 ****61.25

DOCUMENT # N95000004940

1. Entity Name

TALLAHASSEE HOME SCHOOL BAND, INC.

Principal Place of Business

Mailing Address

**5050 VELDA DAIRY RD
 TALLAHASSEE FL 32308
 US**

**5050 VELDA DAIRY RD
 TALLAHASSEE FL 32308
 US**

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

59-3345351

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

**RUBOTTOM, DON
 5050 VELDA DAIRY RD
 TALLAHASSEE FL 32308**

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

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 **S** ☐ Delete
 NAME **RUBOTTOM, SALLY**
 STREET ADDRESS **5050 VELDA DAIRY RD**
 CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE **D** ☐ Change ☒ Addition
 NAME **Dady, Kevin**
 STREET ADDRESS **3500 Clifden Drive**
 CITY-ST-ZIP **Tallahassee, FL 32308**

TITLE **PD** ☐ Delete
 NAME **RUBOTTOM, DON**
 STREET ADDRESS **5050 VELDA DAIRY RD**
 CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE **D** ☐ Change ☒ Addition
 NAME **Dady, Cindy**
 STREET ADDRESS **3500 Clifden Drive**
 CITY-ST-ZIP **Tallahassee, FL 32308**

TITLE **T** ☐ Delete
 NAME **DRANE, MICHAEL**
 STREET ADDRESS **2888 CONCORD ROAD**
 CITY-ST-ZIP **HAVANA FL 32333**

TITLE **D** ☐ Change ☒ Addition
 NAME **Oliff, Harriet**
 STREET ADDRESS **8608 Kingston Court**
 CITY-ST-ZIP **Tallahassee, FL 32311**

TITLE **D** ☐ Delete
 NAME **HOLLAND, JANET**
 STREET ADDRESS **4369 HUGGINS HILL LANE**
 CITY-ST-ZIP **TALLAHASSEE FL 32311**

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

TITLE **D** ☒ Delete
 NAME **RAILEY, TOYLENE**
 STREET ADDRESS **4056 ROSCREA DR**
 CITY-ST-ZIP **TALLAHASSEE FL 32308**

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

TITLE **D** ☐ Delete
 NAME **REYNOLDS, RODGER**
 STREET ADDRESS **3140 WOOD HILLS DR**
 CITY-ST-ZIP **TALLAHASSEE FL 32303**

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:

Signature Required
Don Rubottom 1-30-2002 850 922 7076

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)