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

FILED Apr 17, 2002 8:00 am Secretary of State

DOCUMENT # N96000003809 CYPRESS LAKE MIDDLE SCHOOL BAND BOOSTERS, INC.								04-17-200	2 9011	6 047	****70.00	
		OT WRITE			CE:							
		es Lake Drive	3. Mailing Address 8901 Cypress Lake Drive Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE						
Fort Myers, FL			Fort Myers, FL			465-0691169 Applied For Not Applicable						
Zip Country 33919 US				Country US		5. Certificate of Status Desired \$8.75 Additional Fee Required						
2.75	and the Santa				19		7. Name and Addr	ess of Current Re	gistered	Agent		
					Name	Buft	er, Stephe	n_T	-			
		O NOTW	THE RESIDENCE OF THE PARTY OF T		Street A	ddress (I	P.O. Box Number is	Not Acceptable)				
	ı, in	I THIS SP	AGE				okalee Rd			1 Zin /	Code	
					ført	Mye	rs		FL	339	999	
8. The above	e named entity	submits this statement for	the purpose of chang	ging its regis	tered office or	register	red agent, or both, in	i the state of Florida	3.			
SIGNATURE.											1	
SIGIATIONE.	Signature, typed or	r printed name of registered agent a	and title if applicable.	(NOTE: Regis	Sered Agent signati	ure required	i when reinstating)		DATE			
	FEE	IS \$61.25	9. Electi	ion Campaig	ın Financing		\$5.00 May Be		Check			
	FEE		9. Electi		ın Financing	ure required						
10.	FEE	IS \$61.25	9. Electi Trust	ion Campaig	ın Financing		\$5.00 May Be		Check		tato	
10. TILE	FEE I	S \$61.25 mended UBR OFFICERS AND DIR	9. Electi Trust	ion Campaig Fund Contril	In Financing bution.		\$5.00 May Be		Check		tato	(10/
10. TITLE NAME	FEE I	OFFICERS AND DIR	9. Electi Trust	ion Campaig Fund Contril	in Financing bution. TIME		\$5.00 May Be		Check		tato	(12/01)
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10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PD Jodi We 1435 Au Fort M	OFFICERS AND DIR	9. Electi Trust ECTORS	ion Campaig	In Financing bution. TILE NAME STREET ADDRESS:		\$5.00 May Be		Check		tato	CEUS/B (12/01)
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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 on an attachment with an address, with all other like empowered.

SIGNATURE.

arenMichaell, Sieas. KAREN M OODRILL

4/4/02 (239)4663950