

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

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

04-17-2002 90116 047 \*\*\*\*\*70.00

**DOCUMENT #** N96000003809

**1. Entity Name**  
CYPRESS LAKE MIDDLE SCHOOL BAND BOOSTERS, INC.

**DO NOT WRITE IN THIS SPACE**

**2. Principal Place of Business**  
8901 Cypress Lake Drive  
Suite, Apt. #, etc.

**3. Mailing Address**  
8901 Cypress Lake Drive  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

**City & State**  
Fort Myers, FL

**City & State**  
Fort Myers, FL

**4. FEI Number**  
65-0691169

**Applied For**  
**Not Applicable**

**Zip**  
33919

**Country**  
US

**Zip**  
33919

**Country**  
US

**5. Certificate of Status Desired** ☒ **\$8.75 Additional Fee Required**

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

**Name**  
Butter, Stephen T  
**Street Address (P.O. Box Number is Not Acceptable)**  
3000 Immokalee Rd  
**City** Fort Myers **FL** **Zip** 33909

**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**

**FEE IS \$61.25**  
**Initial or Amended UBR**

**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**

<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	PD Jodi West 1435 Argyle Drive Fort Myers, FL 33919
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	VD John Grach 334 Prather Drive Fort Myers, FL 33919
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	SD Holly Bumsted 3631 Heritage Lane Fort Myers, FL 33908
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	TD Karen Dodrill 12410 McGregor Woods Cir Fort Myers, FL 33908
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	

<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	
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**DO NOT WRITE  
IN THIS SPACE**

CR2E037B (12/01)

**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:**

*Loren McDowell, Treas.* **KAREN M DODRILL** 4/14/02 (239) 466-3955

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**Date**

**Daytime Phone #**