

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90332 022 ****61.25

DOCUMENT # N96000004858

1. Entity Name

LAND O'LAKES HIGH SCHOOL BAND & GUARD BOOSTERS, INC.

Principal Place of Business

Mailing Address

**PO BOX 1928
LAND O LAKES FL 34639**

**PO BOX 1928
LAND O LAKES FL 34639**

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 **59-3403167**

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

**VINCENT, PARRULLI
713 LEMONWOOD DR
OLDSMAR FL 34677**

Name **VINCENT Parrulli**
Street Address (P.O. Box Number is Not Acceptable)
10461 Villa View Circle
City **Tampa** FL Zip Code **33647**

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 **PD** ☒ Delete
NAME **COUCH, MIKE**
STREET ADDRESS **2610 TWENTY MILE LEVEL RD**
CITY-ST-ZIP **LAND O LAKES FL 34639**

TITLE **PD** ☒ Change ☒ Addition
NAME **TROUTMAN, BRIAN**
STREET ADDRESS **3645 MOSSY OAK CIRCLE**
CITY-ST-ZIP **LAND O LAKES, FL 34639**

TITLE **VD** ☒ Delete
NAME **MORALES, GIL**
STREET ADDRESS **4935 IVY GLEN PL**
CITY-ST-ZIP **LAND O LAKES FL**

TITLE **VD** ☒ Change ☐ Addition
NAME **TYLER, CHERYL**
STREET ADDRESS **1634 OSPREY LN**
CITY-ST-ZIP **LUTZ FL 33549**

TITLE **TD** ☐ Delete
NAME **TYLER, CHERYL**
STREET ADDRESS **1634 OSPREY LN**
CITY-ST-ZIP **LUTZ FL 33549**

TITLE **TD** ☒ Change ☒ Addition
NAME **Karen M. Kenney**
STREET ADDRESS **22931 Hawk Hill Loop**
CITY-ST-ZIP **Land O Lakes FL 34639**

TITLE **SD** ☒ Delete
NAME **SMALL, KATHY**
STREET ADDRESS **22693 GLUNDON POINT RD**
CITY-ST-ZIP **LUTZ FL 33549**

TITLE **Secretary** ☒ Change ☒ Addition
NAME **BAISCH, Sue**
STREET ADDRESS **7808 Sylvan Drive**
CITY-ST-ZIP **Hudson FL 34667**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8 Apr 02

Date

Daytime Phone #

CR2E037 (9/01)