FILED
Apr 02, 2003 8:00 am
Secretary of State
02-27-2003 90131 006 ****61.25

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

2/2

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

☐ CHECK HERE IF MAKING CHANGES

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 VINCENT, PARRULLI 10481 VILLA VIEW CIR OLDSMAR FL 34677	Name VINCENT PARRULLI Street Address (P.O. Box Number is Not Acceptable) 7311 Trouble Creek Rd. #1102 City New Port Richey FL Zip Code 34653

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 _____ 1 Feb 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD TROUTMAN, BRIAN 3645 MOSSY OAK CIR LAND O LAKES FL 34639	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Tyler Cheryl 1634 Ostray Ln Pres PD Lutz FL 33549	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD TYLER, CHERYL 1634 OSTRAY LN LUTZ FL 33549	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice Pres - Karen Kenney VD 22901 Hawk Hill Loop Lando Lakes FL 34639	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD BAISCH, SUE 7808 SYLVAN DRIVE HUDSON FL 34667	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Sec - Kathy Bylsma 25039 Cypress Trail Dr S-D Lutz FL 33549	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/02)

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 10 MAR 03 (813) 794-9527

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

VINCENT R. PARRULLI