

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000005923

1. Entity Name

KANAPAH BAND BOOSTERS, INCORPORATED

Principal Place of Business

5005 S.W. 75TH STREET
GAINESVILLE FL 32608

Mailing Address

5005 S.W. 75TH STREET
GAINESVILLE FL 32608-4430

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

59-3425270

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

POE, GERALD D.M.A.
C/O KANAPAH MIDDLE SCHOOL
5005 S.W. 75TH STREET
GAINESVILLE FL 32608

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	VD	<input checked="" type="checkbox"/> Delete
NAME	GRUVER, PATRICIA	
STREET ADDRESS	203 NW 123 ST	
CITY-ST-ZIP	NEWBERRY FL 32669	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	SIMPSON, ROBIN	
STREET ADDRESS	9932 SW 54 LN	
CITY-ST-ZIP	GAINESVILLE FL 32607	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	GIEL, MELINDA E	
STREET ADDRESS	7908 NW 2 CT	
CITY-ST-ZIP	GAINESVILLE FL 32607	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	OLIVENBAUM, MELISSA	
STREET ADDRESS	1005 SW 15TH PLACE	
CITY-ST-ZIP	GAINESVILLE FL 32607	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILSON, PAM	
STREET ADDRESS	2119 SW 78 TERR	
CITY-ST-ZIP	GAINESVILLE FL 32607	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Brecht, Brenda	
STREET ADDRESS	5502 SW 81st Terr	
CITY-ST-ZIP	Gainesville, FL 32608	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Day, Becky	
STREET ADDRESS	5005 S.W. 75th St.	
CITY-ST-ZIP	Gainesville, FL 32608	
TITLE	T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Wysocki, Joan	
STREET ADDRESS	12205 SW 9th Ave.	
CITY-ST-ZIP	Newberry, FL 32669	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Wilson, David	
STREET ADDRESS	2119 SW 78th Terr	
CITY-ST-ZIP	Gainesville, FL 32607	
TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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:

Joan Wysocki
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joan Wysocki

4/26/00

Date

352-331-5500

Daytime Phone #

CR2E037 (9/99)