

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 26, 2001 08:00 AM**
Secretary of State**DOCUMENT # N96000005923****1. Entity Name**
KANAPAHA 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
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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
59-3425270Applied For
Not Applicable**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**7. Name and Address of New Registered Agent**POE GERALD D.M.A.
C/O KANAPAHA MIDDLE SCHOOL
5005 S.W. 75TH STREET
GAINESVILLE FL 32608 US

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** **04/26/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE**FILE NOW:**
FEE IS \$61.25**9. Election Campaign Financing** ☐ **\$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 V NAME BRECHT BRENDA STREET ADDRESS 5502 SW 81ST TERRACE CITY-ST-ZIP GAINESVILLE FL 32608	<input checked="" type="checkbox"/> Delete
TITLE D NAME WILSON PAM STREET ADDRESS 2119 SW 78 TERR CITY-ST-ZIP GAINESVILLE FL 32607	<input checked="" type="checkbox"/> Delete
TITLE PD NAME OLIVENBAUM MELISSA STREET ADDRESS 1005 SW 15TH PLACE CITY-ST-ZIP GAINESVILLE FL 32607	<input type="checkbox"/> Delete
TITLE D NAME WILSON DAVID STREET ADDRESS 2119 SW 78TH TERRACE CITY-ST-ZIP GAINESVILLE FL 32607	<input type="checkbox"/> Delete
TITLE TD NAME WYSOCKI JOAN STREET ADDRESS 12205 SW 9TH AVE CITY-ST-ZIP NEWBERRY FL 32669	<input type="checkbox"/> Delete
TITLE S NAME DAY BECKY STREET ADDRESS 5005 SW 75TH ST CITY-ST-ZIP GAINESVILLE FL 32608	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TD NAME JOHNSON RAY STREET ADDRESS 6623 SW 100TH LANE CITY-ST-ZIP GAINESVILLE FL 32608	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE SD NAME MARTIN MARSHA STREET ADDRESS 101 SW 36TH STREET CITY-ST-ZIP GAINESVILLE FL 32607	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE V NAME JOHNSON ISABEL STREET ADDRESS 6623 SW 100TH LANE CITY-ST-ZIP GAINESVILLE FL 32608	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE PD NAME BAKUZONIS KAREN STREET ADDRESS 215 SW 136TH STREET CITY-ST-ZIP NEWBERRY FL 32669	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** RAY JOHNSON TD 04/26/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (11/00)