

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000005938

1. Entity Name

HAWTHORNE MIDDLE-HIGH SCHOOL PARENT BAND BOOSTER

FILED
Apr 20, 2000 8:00 am
Secretary of State

04-20-2000 90038 024 ****61.25

Principal Place of Business

Mailing Address

P.O. BOX 782
HAWTHORNE FL 32640

P.O. BOX 782
HAWTHORNE FL 32640-0782

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3412082

Applied For

Not Applicable

Zip

Country

Zip

Country

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

LOVELL, BECKY
17424 SE CO RD 2082
HAWTHORNE FL 32640

Name Jason Millott

Street Address (P.O. Box Number is Not Acceptable)

2601 NW 23rd Blvd

City Gainesville

FL

Zip Code 32605

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

4-14-00

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 LOVELL, BECKY
STREET ADDRESS 17424 SE CORD 2082
CITY-ST-ZIP HAWTHORNE FL

TITLE Winders, Kay VD ☐ Change ☒ Addition
NAME 7207 SE 179 St
STREET ADDRESS Hawthorne, FL 32640
CITY-ST-ZIP

TITLE VD ☐ Delete
NAME SURRENCY, SHARON
STREET ADDRESS 11215 SE 223 TERR
CITY-ST-ZIP HAWTHORNE FL 32640

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

TITLE TD ☒ Delete
NAME WEST, SUZANNE
STREET ADDRESS 4925 SE 193RD TERR
CITY-ST-ZIP HAWTHORNE FL

TITLE TD ☐ Change ☒ Addition
NAME Bruning, Katharine
STREET ADDRESS 1909 SE 225th Drive
CITY-ST-ZIP Hawthorne, FL 32640

TITLE D ☐ Delete
NAME MILLOTT, JASON
STREET ADDRESS 2601 NW 23 BLVD
CITY-ST-ZIP GAINESVILLE FL 32605-2979

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

TITLE SD ☐ Delete
NAME BROWN, DEBORAH
STREET ADDRESS 7307 NE 179ST
CITY-ST-ZIP HAWTHORNE FL 32640

TITLE SD ☒ Change ☐ Addition
NAME West, Suzanne
STREET ADDRESS 11215 SE 223 Terr
CITY-ST-ZIP Hawthorne, FL 32640

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-00 3524811902

Date

Daytime Phone #

CR2E037 (9/99)