

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000001208

1. Entity Name

VANGUARD BAND BOOSTERS, INC.

R

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

06-20-2000 90011 025 ****61.25

Principal Place of Business

Mailing Address

7 NORTHWEST 28TH STREET
OCALA FL 34475

7 NORTHWEST 28TH STREET
OCALA FL 34475-3486

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3428486

Applied For

Not Applicable

Zip

Country

Zip

Country

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

BRADDON, ALONZO
7 NORTHWEST 28TH STREET
OCALA FL 34475

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 PD
NAME TROUT, CHUCK
STREET ADDRESS 5095 NE 3RD AVE
CITY-ST-ZIP Ocala FL 34470 ☒ Delete

TITLE PD
NAME TIMMIS, GEORGE
STREET ADDRESS 2531 NE 3RD AVE
CITY-ST-ZIP Ocala FL 34470 ☒ Change ☐ Addition

TITLE VD
NAME TIMMIS, GEORGE
STREET ADDRESS 2531 NE 3RD AVE
CITY-ST-ZIP Ocala FL 34470 ☒ Delete

TITLE VD
NAME GRANT, JOHN
STREET ADDRESS 3187 NE 49 STREET
CITY-ST-ZIP Ocala FL 34479 ☒ Change ☐ Addition

TITLE TD
NAME KAHLWEISS, KATHLEEN
STREET ADDRESS 3151 NW 44TH AVE #171
CITY-ST-ZIP Ocala FL 34482 ☒ Delete

TITLE TD
NAME ETHEREDGE, CHARLES
STREET ADDRESS 1438 NE 21ST STREET
CITY-ST-ZIP Ocala FL 34470 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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

Date

Daytime Phone #

CHARLES A ETHEREDGE 6/15/00 352-629-6643

CR2E037 (9/93)