

2000 UNIFORM BUSINESS REPORT (UBR)

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

04-20-2000 90028 021 ****61.25

DOCUMENT # N97000002798

1. Entity Name

BELL BAND BOOSTERS, INC.

Principal Place of Business

Mailing Address

PO BOX 130
 BELL FL 32619

PO BOX 130
 BELL FL 32619-0130

2. Principal Place of Business

3. Mailing Address

930 S. Main Street

930 S. Main Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
 Bell, FL

City & State
 Bell, Florida

4. FEI Number

59-3447952

Applied For

Not Applicable

Zip
 32619

Country
 USA

Zip
 32619

Country
 USA

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

WOLFORD, KAHTLEEN A
7330 NW 22ND CT
BELL FL 32619

Name
Cornelia S. Moore

Street Address (P.O. Box Number is Not Acceptable)
HC 4, Box 454-2

City
Old Town, FL Zip Code
32680

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 *Cornelia S. Moore* **Cornelia S. Moore, Reg Agent/Treas. 4/13/00**
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** Delete
 NAME **HOLLAND, THOMAS**
 STREET ADDRESS **RT. 1, BOX 661C4**
 CITY-ST-ZIP **HIGH SPRINGS FL 32643**

TITLE **VD** Change Addition
 NAME **Schreiber, Christine**
 STREET ADDRESS **RRI, Box 316**
 CITY-ST-ZIP **Branford, FL 32008**

TITLE **PD** Delete
 NAME **JACKSON, PAULA**
 STREET ADDRESS **3679 CEMETERY ROAD**
 CITY-ST-ZIP **BELL FL 32619**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TD** Delete
 NAME **WOLFORD, KATHLEEN A**
 STREET ADDRESS **7330 NW 22ND CT**
 CITY-ST-ZIP **BELL FL 32619**

TITLE **TD** Change Addition
 NAME **Moore, Cornelia S.**
 STREET ADDRESS **HC 4, Box 454-2**
 CITY-ST-ZIP **Old Town, Florida 32680**

TITLE **SD** Delete
 NAME **MOORE, CORNELIA S**
 STREET ADDRESS **HC4, BOX 454-2**
 CITY-ST-ZIP **OLD TOWN FL 32680**

TITLE **SD** Change Addition
 NAME **Marsha Mahoney**
 STREET ADDRESS **6859 NW 35th Street**
 CITY-ST-ZIP **Bell, FL 32619**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: *Cornelia S. Moore* **Treas/Director 4/13/00** (352)463-7660

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Cornelia S. Moore

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE