

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 06, 2000 8:00 am
Secretary of State

06-06-2000 90485 050 ****61.25

DOCUMENT # N97000003661

1. Entity Name

SANTA FE BAND BOOSTERS, INC.

00100001



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

P.O. BOX 2105
 ALACHUA FL 32616-2105

P.O. BOX 2105
 ALACHUA FL 32616-2105

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3107145

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

CALDWELL, AMELIA D
20412 NW CR 236
HIGH SPRINGS FL 32643

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 Amelia D Caldwell

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

5-1-00

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 **S** Delete
 NAME **JESSUP, CATHY**
 STREET ADDRESS **16722 NE 21ST ST**
 CITY-ST-ZIP **GAINESVILLE FL**

TITLE Secy Change Addition
 NAME al Holt
 STREET ADDRESS 18905 NW 151 AVE
 CITY-ST-ZIP Alachua FL 32615

TITLE **D** Delete
 NAME **CALDWELL, AMELIA D**
 STREET ADDRESS **20412 NW CR 236**
 CITY-ST-ZIP **HIGH SPRINGS FL 32655**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **RAULS, MARTIN**
 STREET ADDRESS **19631 PEGGY RD**
 CITY-ST-ZIP **ALACHUA FL 32615**

TITLE Vice-President Change Addition
 NAME Roy Carriker
 STREET ADDRESS 19015 NW 94th Ave
 CITY-ST-ZIP Alachua FL 32615

TITLE **T** Delete
 NAME **BARRY, DORETHA A**
 STREET ADDRESS **4805 NW 234TH AVE**
 CITY-ST-ZIP **ALACHUA FL 32615**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **P** Delete
 NAME **ANDERSON, RANDOLPH**
 STREET ADDRESS **6822 NW 246TH AVE SR 121**
 CITY-ST-ZIP **LACROSS FL**

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:

Amelia D Caldwell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-00

Date

Daytime Phone #

CR2EO:7 (9/99)