

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 12, 2001 8:00 am
Secretary of State

07-12-2001 90123 026 ****61.25

DOCUMENT # N97000003661

1. Entity Name

SANTA FE BAND BOOSTERS, INC.

Principal Place of Business

P.O. BOX 2105
 ALACHUA FL 32616-2105

Mailing Address

P.O. BOX 2105
 ALACHUA FL 32616-2105

C0073325



DO NOT WRITE IN THIS SPACE

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

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

Sammy Dampier
4105 NW 182 PL
Gainesville FL 32653

7. Name and Address of New Registered Agent

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

TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	JESSUP, CATHY	
STREET ADDRESS	16722 NE 21ST ST	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CALDWELL, AMELIA D	
STREET ADDRESS	20412 NW CR 236	
CITY-ST-ZIP	HIGH SPRINGS FL 32655	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RAULS, MARTIN	
STREET ADDRESS	19631 PEGGY RD	
CITY-ST-ZIP	ALACHUA FL 32615	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	BARRY, DORETHA A	
STREET ADDRESS	4805 NW 234TH AVE	
CITY-ST-ZIP	ALACHUA FL 32615	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	ANDERSON, RANDOLPH	
STREET ADDRESS	6822 NW 246TH AVE SR 121	
CITY-ST-ZIP	LACROSS FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>Sammy Dampier</i>	
STREET ADDRESS	<i>4105 NW 182 PL</i>	
CITY-ST-ZIP	<i>Gainesville FL 32653</i>	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>Diane Parrish</i>	
STREET ADDRESS	<i>1340 SE Bar St</i>	
CITY-ST-ZIP	<i>High Springs FL 32643</i>	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>Patty Buffington</i>	
STREET ADDRESS	<i>25320 NW 182 Ave</i>	
CITY-ST-ZIP	<i>High Springs FL 32643</i>	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>Sarah Lyn Lassett</i>	
STREET ADDRESS	<i>P.O. Box 2223</i>	
CITY-ST-ZIP	<i>High Springs 32643</i>	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>Elwood Rust</i>	
STREET ADDRESS	<i>135 Turkey Creek</i>	
CITY-ST-ZIP	<i>Alachua FL 32615</i>	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>Randy Nix</i>	
STREET ADDRESS	<i>P.O. Box 608</i>	
CITY-ST-ZIP	<i>Alachua FL 32615</i>	

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:

Sammy Dampier

6-01-01

CR2E037 (10/00)