

2002 UNIFORM BUSINESS REPORT (UBR)

0054967

DOCUMENT # N97000003661
 1. Entity Name
SANTA FE BAND BOOSTERS, INC.

FILED
 02 DEC 13 AM 8:34
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
 P.O. BOX 2105 P.O. BOX 2105
 ALACHUA FL 32616-2105 ALACHUA FL 32616-2105



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.
 3. Mailing Address Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

4. FEI Number **59-3107145** Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
~~DAMPIN, TAMMY~~
~~4105 NW 182 PL~~
~~GAINESVILLE FL 32653~~

7. Name and Address of New Registered Agent
 Name **ELWOOD AUST**
 Street Address (P.O. Box Number is Not Acceptable)
135 TURKEY CREEK
 City **ALACHUA** FL Zip Code **32615**

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 Elwood Aust DATE 11/23/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	D DAMPIN, TAMMY 4105 NW 182 PL GAINESVILLE FL 32653 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARRISH, DIANE 1340 SE BAY ST HIGH SPRINGS FL 32643 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUFFINGTON, PATTY 25320 NW 122 AVENUE HIGH SPRINGS FL 32643 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GASSETT, MARILYN P.O. BOX 2223 HIGH SPRINGS FL 32643 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T AUST, ELWOOD 135 TURKEY CREEK ALACHUA FL 32615 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NIX, RANDY P.O. BOX 608 ALACHUA FL 32615 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Raab, Martin <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 19631 Peggy Rd. Alachua, FL 32615
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Marks, Debbie <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition P.O. Box 2097 High Springs, FL 32655
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P McCrae, Valerie <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition P.O. Box 1208 Alachua, FL 32616
TITLE NAME STREET ADDRESS CITY-ST-ZIP	200009507072 12/13/02--01057--011 **236.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>[Signature]</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Elwood Aust, TREASURER DATE 11/23/02 DAYTIME PHONE # (852) 392-2318
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/01)