

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Sep 12, 2003 8:00 am
Secretary of State

09-12-2003 90102 013 ****61.25

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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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

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

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~AUST, ELWOOD~~
~~135 TURKEY CREEK~~
~~ALACHUA FL 32615~~

Name
CELESTE FORRON

Street Address (P.O. Box Number is Not Acceptable)

3002 NW 161 CT

City
GAINESVILLE

FL

Zip Code
32609

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Celeste Forron
CELESTE FORRON

8/25/03
8/25/03

(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
After September 10, 2003, min will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
NAME ~~RAAB, MARTIN~~
STREET ADDRESS ~~19631 PEGGY RD~~
CITY-ST-ZIP ~~ALACHUA FL 32615~~

TITLE Change Addition
NAME **D TRUDY AUST**
STREET ADDRESS **135 TURKEY CREEK**
CITY-ST-ZIP **ALACHUA, FL 32615**

TITLE Delete
NAME ~~PARRISH, DIANE~~
STREET ADDRESS ~~1340 SE BAY ST~~
CITY-ST-ZIP ~~HIGH SPRINGS FL 32643~~

TITLE Change Addition
NAME **P**

TITLE Delete
NAME ~~BUFFINGTON, PATTY~~
STREET ADDRESS ~~25320 NW 122 AVENUE~~
CITY-ST-ZIP ~~HIGH SPRINGS FL 32643~~

TITLE Change Addition
NAME **D MELISSA CORBIERE**
STREET ADDRESS **130 10TH BLVD #19**
CITY-ST-ZIP **HIGH SPRINGS, FL 32643**

TITLE Delete
NAME ~~MARKS, DEBBIE~~
STREET ADDRESS ~~P.O. BOX 2097~~
CITY-ST-ZIP ~~HIGH SPRINGS FL 32655~~

TITLE Change Addition
NAME **D EDDIE GILLEY**

TITLE Delete
NAME ~~AUST, ELWOOD~~
STREET ADDRESS ~~135 TURKEY CREEK~~
CITY-ST-ZIP ~~ALACHUA FL 32615~~

TITLE Change Addition
NAME **T CELESTE FORRON**
STREET ADDRESS **3002 NW 161 CT**
CITY-ST-ZIP **GAINESVILLE, FL 32609**

TITLE Delete
NAME ~~NIX, RANDY~~
STREET ADDRESS ~~P.O. BOX 606~~
CITY-ST-ZIP ~~ALACHUA FL 32615~~

TITLE Change Addition
NAME **S DEBBIE VAUGHN**
STREET ADDRESS **26224 OLD BELLAMY RD**
CITY-ST-ZIP **HIGH SPRINGS, FL 32643**

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: *Diane Parrish*
REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08/02/03 (352) 333-4950

Date Daytime Phone #

CR2E037 (4/03)