

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000004928

1. Entity Name

GODBY HIGH SCHOOL BAND BOOSTERS ASSOCIATION, INC

**FILED**  
**May 24, 2000 8:00 am**  
**Secretary of State**

05-24-2000 90059 009 \*\*\*\*61.25

Principal Place of Business

Mailing Address

1717 W THARPE ST  
TALLAHASSEE FL 32303

1717 W THARPE ST  
TALLAHASSEE FL 32303-4441

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3521767

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

MCDERRIS, MERRY  
1717 W THARPE ST  
TALLAHASSEE FL 32303

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Delete  
NAME ARNING, KIM  
STREET ADDRESS 2441 MARYELLEN DR.  
CITY-ST-ZIP TALLAHASSEE FL 32303

TITLE TD ☐ Change ☒ Addition  
NAME Gloria Keeney  
STREET ADDRESS 2908 Teton TR  
CITY-ST-ZIP Tallahassee, FL 32303

TITLE PD ☒ Delete  
NAME ARNING, KIM  
STREET ADDRESS 2441 MARYELLEN DR.  
CITY-ST-ZIP TALLAHASSEE FL 32303

TITLE SD ☐ Change ☒ Addition  
NAME Jan Schranz  
STREET ADDRESS 5654 Cypress Cir.  
CITY-ST-ZIP Tallahassee, FL 32303

TITLE VD ☐ Delete  
NAME RENFROE, MARY  
STREET ADDRESS 1904 CRABAPPOLE DRIVE  
CITY-ST-ZIP TALLAHASSEE FL 32303

TITLE PD ☒ Change ☐ Addition  
NAME Renfro, mary  
STREET ADDRESS 1904 Crabapple DR  
CITY-ST-ZIP Tallahassee FL 32303

TITLE TD ☒ Delete  
NAME HUNT, KAY  
STREET ADDRESS 5729 JOHN WAYNE COURT  
CITY-ST-ZIP TALLAHASSEE FL 32303

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE SD ☒ Delete  
NAME BROWN, GAIL  
STREET ADDRESS 2403 HIDEAWAY COURT  
CITY-ST-ZIP TALLAHASSEE FL 32310

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:

*SIGNATURE OF REGISTERED AGENT* Teresa K Hunt 5-1-00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)