

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

FILED
Apr 03, 2003 8:00 am
Secretary of State

04-03-2003 90161 042 ****61.25

DOCUMENT # N97000006036

1. Entity Name
HOWARD W. BLAKE BAND BOOSTERS, INC.



Principal Place of Business
7713 W HIAWATHA STREET
TAMPA FL 33615

Mailing Address
7713 W HIAWATHA STREET
TAMPA FL 33615

2. Principal Place of Business
1701 W Boulevard
Suite, Apt. #, etc.

3. Mailing Address
P O Box 15001
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State
Tampa FL
Zip
33607
Country
USA

City & State
Tampa FL
Zip
33684
Country
USA

4. FEI Number 59-3476406

Applied For
☐ Not Applicable

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

GRIFFIN, ROBERT U
6439 REEF CIRCLE
TAMPA FL 33625

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

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
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	SD	<input type="checkbox"/> Delete
STREET ADDRESS	GRIFFIN, APRIL	
CITY-ST-ZIP	6439 REEF CIRCLE TAMPA FL 33625	
TITLE NAME	D	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	HURN, MARY	
CITY-ST-ZIP	7713 W HIAWATHA STREET TAMPA FL 33615	
TITLE NAME	D	<input type="checkbox"/> Delete
STREET ADDRESS	GRIFFIN, ROBERT U	
CITY-ST-ZIP	6439 REEF CIR TAMPA FL 33625	
TITLE NAME	T	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	HURN, PATRICK	
CITY-ST-ZIP	7713 W HIAWATHA STREET TAMPA FL 33615	
TITLE NAME	P	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	PEREZ, ROBERTO	
CITY-ST-ZIP	314 W. SOUTH AVENUE TAMPA FL 33603	
TITLE NAME	V	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	GULLATT, DAWYNE	
CITY-ST-ZIP	708 N WILLOW AVENUE TAMPA FL 33606	

TITLE NAME	JoAnn R Pressey	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	13032 St R, Lagree Dr	
CITY-ST-ZIP	Riverview FL 33569 (P)	
TITLE NAME	Beverly J Smith	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	11802 Country Cove Way	
CITY-ST-ZIP	Tampa FL 33635 (VP)	
TITLE NAME	Darcy Ann Hess	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	8004 W Comanche Ave	
CITY-ST-ZIP	Tampa FL 33615 (T)	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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]* 3/31/03 813-888-7221

CR2E037 (10/02)