

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
**15001
P O Box ~~15001~~**
Suite, Apt. #, etc.



CHECK HERE IF MAKING CHANGES

City & State
Tampa FL

City & State
Tampa FL

4. FEI Number **59-3476406**

Applied For
 Not Applicable

Zip
33607

Country
USA

Zip
33684

Country
USA

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 _____ DATE _____
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 Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE NAME JoAnn R Pressley STREET ADDRESS 13032 St Flagler Dr CITY-ST-ZIP Riverview FL 33569 (P)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME Beverly J Smith STREET ADDRESS 11802 Country Cove Way CITY-ST-ZIP Tampa FL 33635 (VP)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME Darcy Ann Hess STREET ADDRESS 8004 W Comanche Ave CITY-ST-ZIP Tampa FL 33615 (T)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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)(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)