

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000006620

1. Entity Name

A.P. LETO HIGH SCHOOL BAND BOOSTERS, INC.

FILED
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90121 021 ****61.25

Principal Place of Business

Mailing Address

4409 SLIGH AVE.
TAMPA FL 33614
US

P. O. BOX 15841
TAMPA FL 33684-5841
US

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

59-3490834

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

GUDE, KATHLEEN A
4507 WHITWORTH LANE
TAMPA FL 33624

Name R. Dale Preston - DP
Street Address (P.O. Box Number is Not Acceptable)
4409 W. Sligh Av.

City Tampa FL Zip Code 33614

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 R. Dale Preston

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

5/11/00

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 DV ☒ Delete
NAME MCDERMOTT, EDITH
STREET ADDRESS 10304 BRAMBLEWOOD PL
CITY-ST-ZIP TAMPA FL 33624

TITLE Jeannie Peacock - Teacher ☐ Change ☒ Addition
NAME DV
STREET ADDRESS 4409 W. Sligh Av.
CITY-ST-ZIP Tampa, FL 33614

TITLE DP ☒ Delete
NAME GUDE, KATHY
STREET ADDRESS 4507 WHITWORTH LN.
CITY-ST-ZIP TAMPA FL 33624

TITLE Melissa E. Schumacher ☐ Change ☒ Addition
NAME DP
STREET ADDRESS 8312 W. Maniatta St.
CITY-ST-ZIP Tampa, FL 33615

TITLE DV ☒ Delete
NAME CASCONI, MARY
STREET ADDRESS 10938 BRIGHTSIDE DR
CITY-ST-ZIP TAMPA FL 33624

TITLE Cynthia Linchoese ☐ Change ☒ Addition
NAME DV
STREET ADDRESS 6102 Webb Rd.
CITY-ST-ZIP Apt. 911 Tampa, FL 33615

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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: Melissa E. Schumacher

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/12/00

Date

813-984-2374

Daytime Phone #

CR2E037 (9/99)