

# 2001 UNIFORM BUSINESS REPORT (UBR)

5/4/

**FILED**  
**Jun 20, 2001 8:00 am**  
**Secretary of State**

05-04-2001 90068 021 \*\*\*\*61.25

**DOCUMENT # N97000006620**

1. Entity Name

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

Principal Place of Business

4409 SLIGH AVE.  
TAMPA FL 33614  
US

Mailing Address

P. O. BOX 15841  
TAMPA FL 33684-0841  
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

**GUDE, KATHLEEN A**  
**4507 WHITWORTH LANE**  
**TAMPA FL 33624**

7. Name and Address of New Registered Agent

Name **Debora M. Brunelle**  
Street Address (P.O. Box Number is Not Acceptable) **6026 Mornay Dr.**  
City **Tampa** FL Zip Code **33615**

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

*Debora M. Brunelle*  
**Debora M. Brunelle**

**Treasurer**

**4/28/01**

(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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MCDERMOTT, EDITH 10304 BRAMBLEWOOD PL TAMPA FL 33624 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GUDE, KATHY 4507 WHITWORTH LN. TAMPA FL 33624 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV CASCOE, MARY 10938 BRIGHTSIDE DR TAMPA FL 33624 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President D Melissa Schumaker 8312 Hiawatha W Tampa, FL 33615 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1st V.P. P Cynthia Limchouse 6102 Webb Rd. #911 Tampa, FL 33615 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer D Debora M. Brunelle 6026 Mornay Dr. Tampa, FL 33615 <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

*Debora M. Brunelle*  
**Debora M. Brunelle**

Date

Daytime Phone #

**(813) 224-2554**

CR2E037 (10/00)