

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000006776

1. Entity Name

CORAL REEF SENIOR HIGH SCHOOL BAND PARENTS ASSOC

Principal Place of Business

CORAL REEF SENIOR HIGH SCHOOL
10101 S.W. 152ND STREET
MIAMI FL 33176

Mailing Address

10101 S.W. 152ND STREET
MIAMI FL 33157-1603
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

DAWES, ORIZA
14457 S.W. 139TH AVENUE, EAST
MIAMI FL 33186

7. Name and Address of New Registered Agent

Name

Amy Chadwell

Street Address (P.O. Box Number is Not Acceptable)

18720 SW 89 Road

City

Miami

FL

Zip Code
33157

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/3/00

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	DAWES, ORIZA M	
STREET ADDRESS	14457 S W 139TH AVENUE EAST	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	WILSON, EUNICE	
STREET ADDRESS	9345 S W 170TH LANE	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE	SD	<input type="checkbox"/> Delete
NAME	CALCAVECCIA, NANCY	
STREET ADDRESS	8860 CARIBBEAN BLVD	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE	TD	<input type="checkbox"/> Delete
NAME	CHADWELL, AMY	
STREET ADDRESS	18720 SW 89 RD	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Amy Chadwell	
STREET ADDRESS	18720 SW 89 Road	
CITY-ST-ZIP	Miami, FL 33157	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Diane Schmidt	
STREET ADDRESS	21971 SW 98 Avenue	
CITY-ST-ZIP	Miami, FL 33190	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Carol Lee	
STREET ADDRESS	15050 SW 88 Avenue	
CITY-ST-ZIP	Miami, FL 33176	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Karen Neff	
STREET ADDRESS	12330 SW 110 S. Canal St. Rd.	
CITY-ST-ZIP	Miami, FL 33186	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Amy Chadwell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Amy Chadwell

Date

Daytime Phone #

305-252-7700

FILED
Mar 13, 2000 8:00 am
Secretary of State

03-13-2000 90029 004 ****61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0783247
APPLIED FOR

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

CR2E037 (9/99)