

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 11, 2000 8:00 am**  
**Secretary of State**

02-11-2000 90024 040 \*\*\*\*61.25

**DOCUMENT # N97000007211**

1. Entity Name

**SEMINOLE MIDDLE SCHOOL MUSIC BOOSTERS, INC.**

Principal Place of Business

Mailing Address

8701 - 131ST STREET NORTH  
 SEMINOLE FL 33776

8701 - 131ST STREET NORTH  
 SEMINOLE FL 33776-2715

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

**59-3005700**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MIAZGA, JOEY M**  
**8701 - 131ST STREET NORTH**  
**SEMINOLE FL 33776**

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.

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 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: **D**  Delete  
 NAME: **MIAZGA, JOEY M**  
 STREET ADDRESS: **9209 SEMINOLE BLVD. #54**  
 CITY-ST-ZIP: **SEMINOLE FL 33772**

TITLE:  Change    
 NAME:    
 STREET ADDRESS:    
 CITY-ST-ZIP:

TITLE: **D**  Delete  
 NAME: **TAGLIARINI, DAVID**  
 STREET ADDRESS: **13322 FIRST STREET EAST**  
 CITY-ST-ZIP: **MADEIRA BEACH FL 33708**

TITLE: **BRIGHTBILL, TIM D**  Change  
 NAME:    
 STREET ADDRESS: **9672 - 107th Ave. N.**  
 CITY-ST-ZIP: **Largo, FL 33773**

TITLE: **SD**  Delete  
 NAME: **DESANTIS, KATHY**  
 STREET ADDRESS: **11814 - 108TH AVENUE NORTH**  
 CITY-ST-ZIP: **LARGO FL 33778**

TITLE: **SD**  Change  
 NAME:    
 STREET ADDRESS: **9642 Temple Ave.**  
 CITY-ST-ZIP: **Seminole, FL 33772**

TITLE: **VPD**  Delete  
 NAME: **HEMPFLING, LORI**  
 STREET ADDRESS: **13226-113TH AVENUE N.**  
 CITY-ST-ZIP: **LARGO FL 33774**

TITLE:  Change   
 NAME:    
 STREET ADDRESS:    
 CITY-ST-ZIP:

TITLE: **PD**  Delete  
 NAME: **MORRISON, GAYLE**  
 STREET ADDRESS: **14220 SUNSHINE COURT**  
 CITY-ST-ZIP: **LARGO FL 33774**

TITLE: **PD**  Change   
 NAME: **PATY, KAREN**  
 STREET ADDRESS: **13649 Claredon Road**  
 CITY-ST-ZIP: **Seminole, FL 33776**

TITLE: **TD**  Delete  
 NAME: **TARULLI, LINDA**  
 STREET ADDRESS: **9696 - 121ST STREET NORTH**  
 CITY-ST-ZIP: **SEMINOLE FL 33772**

TITLE:  Change   
 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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Joey Miazga* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/21/2000 727-547-7660

Date

Daytime Phone #