

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90051 010 ****61.25

DOCUMENT # N97000007211

1. Entity Name

SEMINOLE MIDDLE SCHOOL MUSIC BOOSTERS, INC.

Principal Place of Business

8701 - 131ST STREET NORTH
 SEMINOLE FL 33776

Mailing Address

8701 - 131ST STREET NORTH
 SEMINOLE FL 33776

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3005700

Applied For

Not Applicable

Zip

Country

Zip

Country

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

HEMPFLING, LORI
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	<input type="checkbox"/> Delete
NAME	MIAZGA, JOEY M	
STREET ADDRESS	9209 SEMINOLE BLVD. #54	
CITY-ST-ZIP	SEMINOLE FL 33772	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	HEMPFLING, LORI	
STREET ADDRESS	13226-113TH AVENUE N.	
CITY-ST-ZIP	LARGO FL 33774	
TITLE	TD	<input type="checkbox"/> Delete
NAME	TARULLI, LINDA	
STREET ADDRESS	9696 - 121ST-STREET NORTH	
CITY-ST-ZIP	SEMINOLE FL 33772	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Karen Paty	
STREET ADDRESS	13649 Clarendon Road	
CITY-ST-ZIP	Seminole, FL 33776	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Chad Guess	
STREET ADDRESS	7501 Ulmerton Rd. #2622	
CITY-ST-ZIP	Largo, FL 33771	
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		
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: Lori Hempfling **REQUIRE** Hempfling 1/22/01 (721)547-7660
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)