

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91290 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**

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

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

TITLE **P** Change Addition
 NAME **Laurie Conte**
 STREET ADDRESS **14946 - 113th Ave. N.**
 CITY-ST-ZIP **Seminole, FL 33774**

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **P** Delete
 NAME **PATY, KAREN**
 STREET ADDRESS **13649 CLAREENDON ROAD**
 CITY-ST-ZIP **SEMINOLE FL 33776**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **GUESS, CHAD**
 STREET ADDRESS **7501 ULMERTON RD #2622**
 CITY-ST-ZIP **LARGO FL 33771**

TITLE **D** Change Addition
 NAME **Chad Guess**
 STREET ADDRESS **11716 - 111th Terrace N.**
 CITY-ST-ZIP **Largo, FL 33778**

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: Lori Hempfling

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/02 (727) 549-7660

Date Daytime Phone #

CR2E037 (9/01)