

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 15, 2000 8:00 am
Secretary of State

09-15-2000 90004 017 ****61.25

DOCUMENT # N98000001620

1. Entity Name

GLADES MIDDLE SCHOOL BAND PATRONS ASSOCIATION, I

Principal Place of Business

9451 SW 64TH ST
 MIAMI FL 33173

Mailing Address

9451 SW 64TH ST
 MIAMI FL 33173

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

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

STEVERDING, JOHN
8602 SW 102 ST
MIAMI FL 33156

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: JOHN STEVERDING

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

John L. Steverding

(NOTE: Registered Agent signature required when reinstating)

9-10-00

DATE

FILE NOW: FEE IS \$61.25

After September 13, 2000 min. will be \$236.25

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 PD
 NAME STEVERDING, JOHN
 STREET ADDRESS 8602 SW 102 ST
 CITY-ST-ZIP MIAMI FL 33156 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VD
 NAME ROMANO, MARLENE
 STREET ADDRESS 9201 SW 100 AVE RD
 CITY-ST-ZIP MIAMI FL 33176 ☐ Delete

TITLE TD
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☒ Change ☐ Addition
 ← SAME

TITLE SD
 NAME MOORE, LIDIA
 STREET ADDRESS 9525 SW 93 AVE
 CITY-ST-ZIP MIAMI FL 33176 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE TD
 NAME MCCLASKY, MARIA
 STREET ADDRESS 10220 SW 96 TERR
 CITY-ST-ZIP MIAMI FL 33156 ☐ Delete

TITLE VD
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☒ Change ☐ Addition
 ← SAME

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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

John L. Steverding
 JOHN L. STEVERDING

305 271-5936

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/00)