


2004 NOT-FOR-PROFIT-CORPORATION ANNUAL REPORT

FILED
Jul 19, 2004 8:00 am
Secretary of State

07-19-2004 90004 045 ****70.00

DOCUMENT # N98000001620 1. Entity Name GATOR BAND PATRONS ASSOCIATION, INC.					
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			
Zip	Country	Zip	Country	07162004 Chg-NP CR2E037 (10/03) 4. FEI Number NOT APPLICABLE	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ROMANO, MARLENE 9201 S.W. 100 AVENUE ROAD MIAMI, FL 33176				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PHILLIPS, ANA	NAME			
STREET ADDRESS	10620 SW 93 STREET	STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33176	CITY-ST-ZIP			
TITLE	V <input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ROMANO, MICHAEL	NAME	MARCO, MARIA		
STREET ADDRESS	9201 SW 100 AVE RD	STREET ADDRESS	6411 SW 106 AVENUE		
CITY-ST-ZIP	MIAMI, FL 33176	CITY-ST-ZIP	MIAMI FLORIDA 33173		
TITLE	SD <input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WARREN, LISA	NAME	ROMANO, MARLENE		
STREET ADDRESS	8260 SW 96 STREET	STREET ADDRESS	9201 SW 100 AVENUE ROAD		
CITY-ST-ZIP	MIAMI, FL 33156	CITY-ST-ZIP	MIAMI FLORIDA 33176		
TITLE	T <input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ROMANO, MARLENE	NAME	PILAR VASALLO		
STREET ADDRESS	9201 SW 100 AVE ROAD	STREET ADDRESS	4112 SW 98 AVENUE		
CITY-ST-ZIP	MIAMI, FL 33176	CITY-ST-ZIP	MIAMI, FLORIDA 33165		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		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: <i>Marlene Romano</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		7/15/04 305 498-1672 <small>Date Daytime Phone #</small>			