

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000002703

1. Entity Name

GULF COAST BAND BOOSTERS, INC.

Principal Place of Business

7878 IMMOKALEE ROAD
NAPLES FL 34119

Mailing Address

7878 IMMOKALEE ROAD
NAPLES FL 34119

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

59-3518387

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

BLIGH, TOM
7878 IMMOKALEE ROAD
NAPLES FL 34119

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
NAME VALLE, MARIO
STREET ADDRESS 961 MURCOTT DR
CITY-ST-ZIP NAPLES FL 34120 ☒ Delete

TITLE D
NAME BRUNSON, SANDY
STREET ADDRESS 2060 20th AV SW.
CITY-ST-ZIP NAPLES FL 34120 ☐ Change ☒ Addition

TITLE D
NAME WILSON, PATTI
STREET ADDRESS 511 29TH STREET NW
CITY-ST-ZIP NAPLES FL 34120 ☒ Delete

TITLE D
NAME HERNANDEZ, KATHY
STREET ADDRESS 3690 5th AV SW.
CITY-ST-ZIP NAPLES, FL 34117 ☐ Change ☒ Addition

TITLE D
NAME KILGO, BOB
STREET ADDRESS 1000 27TH ST SW
CITY-ST-ZIP NAPLES FL 34117 ☒ Delete

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

TITLE D
NAME SWEIGART, DEBBI
STREET ADDRESS 170 1ST ST SW
CITY-ST-ZIP NAPLES FL 34117 ☐ 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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 27, 2001 8:00 am
Secretary of State

01-27-2001 90069 007 ****61.25

906444



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)