

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000005874

1. Entity Name

COLUMBIA HIGH SCHOOL BAND BOOSTERS, INC.

Principal Place of Business

1000 PENNSYLVANIA AVE.
LAKE CITY FL 32026

Mailing Address

PO. BOX 2676
LAKE CITY FL 32056-2676
US

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

59-3553218 APPLIED FOR

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

MORGAN, TERESA B ESQ.
302 EAST DUVAL STREET
LAKE CITY FL 32055

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 PD
NAME ELLIS, FRANK
STREET ADDRESS RT.10 BOX 435
CITY-ST-ZIP LAKE CITY FL 32025-9181 ☐ Delete

TITLE TD
NAME Joyce Killgore
STREET ADDRESS RT 19 Box 1409
CITY-ST-ZIP Lake City, FL 32025 ☐ Change ☒ Addition

TITLE VPD
NAME BRECKENRIDGE, DONALD
STREET ADDRESS RT.6 BOX 434-A
CITY-ST-ZIP LAKE CITY FL 32025 ☐ Delete

TITLE SD
NAME Verdine Smith
STREET ADDRESS 911 Otis St
CITY-ST-ZIP Lake City, FL 32055 ☐ Change ☒ Addition

TITLE TD
NAME SCOTT, CONNIE
STREET ADDRESS RT.13 BOX 528
CITY-ST-ZIP LAKE CITY FL 32055 ☒ Delete

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

TITLE SD
NAME FEAGLE, CELIA
STREET ADDRESS RT.12 BOX 322
CITY-ST-ZIP LAKE CITY FL 32025 ☒ 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 #



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)

4-20-2000