2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # N98000006342 .c 1. Entity Name BAYSHORE HIGH SCHOOL BAND BOOSTERS INC. FILED 1410100005566 01 MAY 30 PM 12: 47 Principal Place of Business SECRETARY OF STATE TALLAHAI 2. Principal Place of Business 3. Mailing Address PO BOX 5066 PO BOX 5066 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Oity & State 4. FEI Number Applied For Bradenton FL Not Applicable Bradenton FL • Zip Country Ζiρ Country \$8.75 Additional 5. Certificate of Status Desired 34281 US 34281 Fee Required US == == = = 6. Name and Address of Current Registered Agent -7...Name and Address of New Registered Agent Name Ron Reed GLENN P MONEAL Street Address (P.O. Box Number is Not Acceptable) 3 7 0 4 1 1 6 t h S t W 66436 Georĝia Ave Bradenton FL 34207 Zip Code FL Bradenton 34210 8. The above named entity submits this state nent for the purpose of changing its registered office or registered agent, or both, in the state of Florida. Ron Reed SIGNATURE Signature applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution FEE IS \$61.25 Added to Fees *Department of State 10 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITLE ☐ Change **X** Addition President NAME NAME Ron Reed STREET ADDRESS STREET ADDRESS 3704 116th St W CITY-ST-ZIP CITY-ST-ZIP EMSTATEME Bradenton-FL TITLE . ☐ Change ¥¾Addition TITLE Vice President NAME NAME Sheri Kurtaz STREET ADDRESS STREET ADDRESS 2302 Georgetown Rd CITY-ST-ZIP -CITY-ST-ZIP Bradenton FL 34207 TITLE Secretary XX Addition Change Detete NAME Debbie Haskett 6227 Georgia Ave STREET ADDRESS STREET ADDRESS Bradenton FL 34207 CITY-ST-ZIP CITY-ST-ZIP Treasurer TITLE ☐ Delete TITLE XX Addition Debby Pattison NAME NAME 501 Gulf of Mexico South STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Bradenton Beach FL 34217 TITLE ☐ Delete TITLE Change Addition NAME 400004481384--4 NAME STREET ADDRESS STREET ADDRESS -07/17/01--01089--012 CITY-ST-ZIP CITY-ST-ZIP <u>****385.00 ****385.00</u> TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 is changed, or on an attachment with a

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP