

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000007321

1. Entity Name

SOUTH DADE BAND & ORCHESTRA PATRONS ASSOCIATION,

FILED
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90082 012 ****61.25

Principal Place of Business

Mailing Address

28401 SW 167TH AVE.
HOMESTEAD FL 33031

P O BOX 924400
PRINCETON FL 33092-4400

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

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

PRACHER, DOUGLAS J ESQ.
317 N. KROME AVE.
HOMESTEAD FL 33030

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
NAME
STREET ADDRESS
CITY-ST-ZIP
DVP
PRUITT, BARBARA
28401 SW 167TH AVE.
HOMESTEAD FL 33031 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BARBARA PRUITT
28401 SW 167 AVE
HOMESTEAD FL 33031 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
SCHULTZ, DUANE
28401 SW 167TH AVE.
HOMESTEAD FL 33031 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
DRUCILLA BURGESS
28401 SW 167 AVE
HOMESTEAD FL 33031 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DS
LATHER, LAURA
28401 SW 167TH AVE.
HOMESTEAD FL 33031 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
VIRGINIA EVERETT
28401 SW 167 AVE
HOMESTEAD FL 33031 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DT
CLOW, LYNN
28401 SW 167TH AVE.
HOMESTEAD FL 33031 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
AL CLOW DVP
AL CLOW
28401 SW 167 AVE
HOMESTEAD FL 33031 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MATA, CONNIE
28401 SW 167TH AVE.
HOMESTEAD FL 33031 ☒ 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/15/00

305 247-5924

Date

Daytime Phone #

CR2E037 (9/95)