2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

DOCUMENT # N9900000706 Apr 12, 2000 8:00 am Secretary of State 1. Entity Name PINFI LAS PARK MIDDLE SCHOOL MUSIC BOOSTERS, INC. 04-12-2000 90154 031 ****70.00 Principal Place of Business Mailing Address %5840 80TH TERRACE %5840 80TH TERRACE PINELLAS PARK FL 33781 PINELLAS PARK FL 33781 2. Principal Place of Business 3. Mailing Address 6940 3000 70th 6940 DO NOT WRITE IN THIS SPACE Suite, Apt. # etc. . _ Suite, Apt. #, etc. _ - -4. FEI Number Applied For City & State City & State Florida Florida Not Applicable inellas 59-35581**56** Zip Country \$8.75 Additional 5. Certificate of Status Desired 33781 33781 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Thackrah Street Address (P.O. Box Number is Not Acceptable) JONES, BONNIE **%5840 80TH TERRACE** PINELLAS PARK FL 33781 Zin Code 33781 office or registered agent, or both, in the state of Florida. 8. The above named entity submits this statement for the purpose of changing its registered Thackrah (NOTE: Registered Agent signature required when reinstating) Make Check Payable to FILE NOW: 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. **Addition** ☐ Change TITLE T Delete TITLE Melindo Thackrah 6992 77th Terrace North NAME NAME JONES, BONNIE STREET ADDRESS STREET ADDRESS %5840 80TH TERRACE CITY-ST-ZIP Pinellas PARK, Florida CITY-ST-ZIF PINELLAS PARK FL 33781 Delete TITLE TITLE NAME NAME FIEZ, DAVID STREET ADDRESS 6893 CIRCLE CREEK DR. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PINELLAS PARK FL 33781 ☐ Change Addition TG DT Delete TITLE TITLE NAME Sherry Stefanou NAME TARR, TERESA STREET ADDRESS STREET ADDRESS 7854 62ND WAY 7144 72Nd STREET CITY-ST-ZIP CITY-ST-ZIF Pinellas Pack, Fl 3378, PINELLAS PARK FL 33781 ☐ Change ☐ Addition ☐ Delete TITLE TITLE PALMQUIST, ANDREA NAME NAME STREET ADDRESS STREET ADDRESS 3740 31ST STREET SOUTH CITY-ST-ZIP CITY-ST-ZIP ST. PETERSBURG FL 33712 ☐ Addition Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE 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.

CHZE037 (9)

SIGNATURE REQUIPMELING Thacknath 4 April 2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date