

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 766756

1. Entity Name

SEMINOLE HIGH SCHOOL BASEBALL BOOSTERS CLUB, INC.

Principal Place of Business

8401-131ST STREET NORTH
RICHARD CHAPMAN
SEMINOLE FL 33776
US

Mailing Address

8401-131ST STREET NORTH
RICHARD CHAPMAN
SEMINOLE FL 33776-3120
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

59-2871541

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

KOZLOWSKA, RAY
10701 59 SW Ave, N
SEMINOLE FL 33775-2

Name
Ray Kozlowski

Street Address (P.O. Box Number is Not Acceptable)

10701 59th Avenue North

\$

City

Seminole

FL

Zip Code

33775

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

Ray A. Kozlowski
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/6/2000

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

TITLE ☒ President ☒ Delete
NAME KOZLOWSKI, RAY
STREET ADDRESS 10701 59 AVE No.
CITY-ST-ZIP SEMINOLE FL 33775-2

TITLE ☒ Secretary ☒ Delete
NAME KOTCHMAN, SUE
STREET ADDRESS 8445 125TH CT N
CITY-ST-ZIP SEMINOLE FL 33776

TITLE ☒ STD ☒ Delete
NAME STEGBAUER, MEG
STREET ADDRESS 8275 140TH ST N
CITY-ST-ZIP SEMINOLE FL

TITLE ☐ ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ President ☒ Change ☐ Addition
NAME Kozlowski, Ray
STREET ADDRESS 10701 59th Ave No.
CITY-ST-ZIP Seminole FL 33775-2

TITLE ☒ SD Secretary ☒ Change ☐ Addition
NAME KOTCHMAN, SUE
STREET ADDRESS 8445 125th Ct. N
CITY-ST-ZIP Seminole FL 33776

TITLE ☒ TD Treasurer ☐ Change ☒ Addition
NAME Wilson, Ann
STREET ADDRESS 12744 91st Avenue North
CITY-ST-ZIP Seminole FL 33776

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

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

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

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: *Ray A. Kozlowski*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/2000

727-391-1932

Daytime Phone

CR2E037 (9/99)